

LEGISLATIVE REPORT TO THE GENERAL ASSEMBLY

Adverse Event Reporting

**General Statutes of Connecticut
Section 19a-127n**

QUALITY IN HEALTH CARE PROGRAM

June 2024

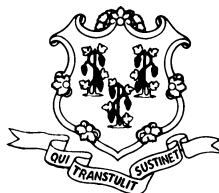
Events Reported for Years 2019-2022

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State of Connecticut Department of Public Health
Legislative Report to the General Assembly
Adverse Event Reporting
For the Period of January 1, 2019 – December 31, 2022

Quality in Health Care Program

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EXECUTIVE SUMMARY

Adverse event reporting by hospitals and ambulatory care facilities to the Department of Public Health is required under CGS 19a-127n. The purpose of this report is to inform the legislature of the trends in adverse events in healthcare facilities and to increase hospital transparency of and accountability to healthcare quality and safety. The number of adverse events reports in 2019, 2020, 2021 and 2022, were, respectively, 404, 396, 455, and 465. These events were reported by Connecticut healthcare facilities that accounted for over 2 million inpatient days annually, in addition to outpatient visits.

The most common adverse event reported each year was stage 3-4 or unstageable pressure ulcers acquired after admission to a healthcare facility, with 50-56% of reports each year. Following this was falls resulting in serious disability or death, making up 21-25% of reports. Retained foreign objects after surgery was usually the third most common event, at 3-6% of yearly reports.

In 2019, hospitals reported increased cases of wrong or no gas delivered to a patient, and these cases remained elevated thereafter. In these events, either the oxygen tank was depleted, or medical air was delivered instead of the intended oxygen. Transfer between service units was a common element in the event narratives. Hospitals reported no lasting injuries from these cases.

In 2020, reported self-harm attempts increased from seven to 14 due to increased reports from one facility. Attempts decreased to nine in 2021 but increased again to 18 in 2022. Sixteen of the 18 events in 2022 occurred in psychiatric units.

Following an adverse event, facilities must submit an adverse event report including a corrective action plan. From this report, the department determines whether to initiate an investigation.

ADVERSE EVENT DATA

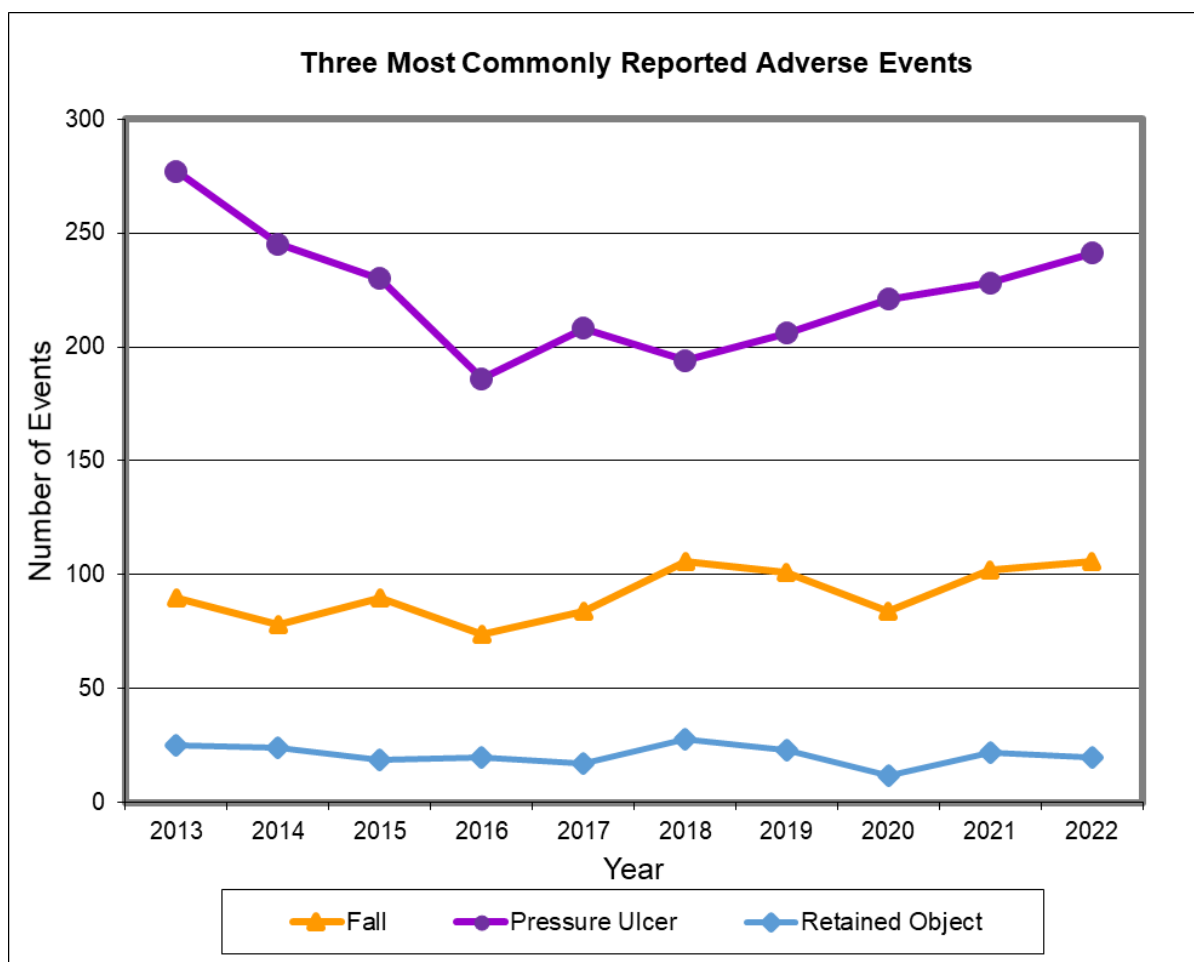
Demographic information based on reported adverse events is provided in Appendix A by year for 2019 through 2022. Several factors may influence the report of an adverse event. These factors include varying rates of adverse events across facilities, patient case mix, quality of care, number of patients served, knowledge or interpretation of event definitions and reporting requirements, changes made to event definitions, additions to or deletions from the list of reportable events, willingness to report them, as well as the effectiveness of the institutional system to convey information from the event participants to the designated reporter, and other factors.¹ Consequently, clear conclusions about the causes of observed event fluctuations and differences across facilities cannot be derived simply from the number of reports or fluctuations in the number of reports.²

Appendix B presents the number of adverse events reported by year for 2013 through 2022, according to the lists of National Quality Forum events (1A-7D). As of 2017, there are no longer Connecticut-specific events.

Appendix C shows the leading reports by type for each year, 2019-2022. Below is a graph showing the trends in the three most reported adverse events over the past decade: pressure ulcers, falls, and retained objects.

¹ Zegers et al, "Variation in the Rates of Adverse Events between Hospitals and Hospital Departments," *International Journal for Quality in Health Care* 2011:1-8; Attenello et al, "Incidence of 'Never Events' Among Weekend Admissions Versus Weekday Admissions to US Hospitals: National Analysis," *BMJ* 2015;350:h1460.

² For additional discussion of the limitations of passive incident reporting, see the Patient Safety section of the September 2011 issue of the Agency for Healthcare Research and Quality (AHRQ), Morbidity and Mortality Rounds at <http://webmm.ahrq.gov/>; Kaveh G. Shojania, "The Elephant of Patient Safety: What You See Depends Upon How You Look," *Joint Commission Journal on Quality and Patient Safety*, 36(9); September 2010, 399.



For additional details on events organized by year, see the sections below and Appendix K: Additional Analyses.

Adverse event counts, patient days, and rate by facility and event type are shown in Appendices D-H. These represent, respectively, acute care hospitals (D), chronic care hospitals and hospices (E), hospitals for the mentally ill (F), fertility centers and outpatient childbirth centers (G), and ambulatory surgical centers and pain medicine centers (H).³ Not all adverse event categories are relevant to all facilities. For example, events associated with birth are not applicable in a facility that does not handle pregnancy, labor, and deliveries. Additionally, patient populations differ considerably between types of facilities, which impacts the event counts in each facility.

For acute care and chronic care hospitals, the calculated rates are based on adverse events that occurred in the emergency department, inpatient, or an outpatient setting (in the numerator), but only inpatient days are used for the denominator of the rate. Inpatient days are used because outpatient days could not be reliably obtained from the acute care database. Many of the choices for “Location of Event” (Appendix A) could be either inpatient or outpatient.

³ The Department thanks Lisa Winkler of the Ambulatory Surgical Care Patient Safety Organization for assistance in gathering information from outpatient surgical centers.

Significant variation in facility reporting patterns is a common characteristic of passive surveillance systems (where the responsibility for reporting falls upon the health care provider) and this is not unique to Connecticut's adverse events reporting system. A passive surveillance system "has the advantage of being simple and not burdensome" to administer, however "it is limited by variability and incompleteness in reporting."⁴ Typically, data validation is a function of an active surveillance strategy that can be used to increase the completeness of reporting, as is being done in the separate Connecticut Healthcare Associated Infections program. However, data validation is often labor intensive and expensive which requires dedicated resources. Without such validation, it cannot be determined how complete facility reporting is. High reporting rates to DPH in this report may reflect highly complete reporting in a facility with good quality of care, or perhaps modestly complete reporting in a facility with poor care, or neither better nor worse quality care, as noted earlier. In addition, retained objects are often discovered from prior surgeries at other facilities.

Appendix I is based on Connecticut inpatient billing data. It shows the primary payer for all patients seen at each facility. Some studies have found an association between older age and greater risk of experiencing an adverse event. This hypothesis was tested for Connecticut (see the 2011 report). Due to the poor single year correlation in 2010, no calculation was made for later years. No attempt was made herein to risk adjust the rates based upon the average age of the population served or other contextual factors. Minimal correlation of age with total adverse events is partly due to adverse events being a heterogeneous category, with different causes and occurring in various locations (see the 2015 report).

Appendix J contains facility comments about safety efforts, as allowed for by Public Act No. 10-122.

Additional analyses for each year appear in Appendix K.

Adverse Events Reported in 2019

The DPH electronic database contains 404 reports of adverse events reported in 2019. These events were reported by Connecticut healthcare facilities that accounted for over 2 million inpatient days in 2019, in addition to outpatient visits.

Acute care hospitals including children's hospitals submitted 346 (86%) of the 404 adverse event reports in 2019; chronic disease hospitals, 40; hospitals for the mentally ill, 14; and outpatient surgical facilities (if not owned by a hospital), 4. Fifty-three and a half percent (53.5%) of reported adverse events occurred in males and 46.5% in females. Most reports concerned patients 65 years of age and older. The most common location of occurrence was reported to be the hospital adult medical ward (Appendix A).

⁴ Steven M. Teutsch, "Considerations in Planning a Surveillance System," in Steven M. Teutsch and R. Elliott Churchill, eds., *Principles and Practice of Public Health Surveillance*, 2nd ed. (New York: Oxford University Press, 2000), 22.

A substantial portion of reports did not indicate race or ethnicity. Race was missing for 47% and ethnicity was missing for 43%, essentially unchanged from the previous year. Of reports that recorded race, the most common were white (81%) and black (17%). Hispanic ethnicity was recorded in 6.5% of reports where ethnicity was stated.

As shown in Appendix C, the most reported events in 2019 were pressure ulcers. Two hundred six (206) pressure ulcers comprised 51% of all 404 adverse events reported. The second most reported events were falls resulting in death or serious injury, with 101 reports (25%).

Retention of a foreign object in a patient after surgery or other procedure followed with 23 reports (6%). The next most reported event, at 17 instances, was surgery performed on the wrong body part (4%).

Adverse Events Reported in 2020

The DPH electronic database contains 396 reports of adverse events reported in 2020. These events were reported by Connecticut healthcare facilities that accounted for over 2 million inpatient days in 2020, in addition to outpatient visits.

Acute care hospitals including children's hospitals submitted 351 (89%) of the 396 adverse event reports in 2020; chronic disease hospitals, 18; hospitals for the mentally ill, 21;⁵ and outpatient surgical facilities (if not owned by a hospital), pain medicine centers, fertility clinics, and freestanding birthing centers, 6. Almost fifty-eight percent (57.8%) of reported adverse events occurred in males and 42.2% in females. The majority of reports concerned patients 65 years of age and older. The most common location of occurrence was reported to be the hospital adult medical ward (Appendix A).

A substantial portion of reports did not indicate race or ethnicity. Race was missing for 46% and ethnicity was missing for 46%, essentially unchanged from the previous year; however, race was reported more often as "Other" in 2020 (8.5%) compared to 2019 (0.9%). Of reports that recorded race, the most common were White (70%) and Black (20%). Hispanic ethnicity was recorded in 10% of reports where ethnicity was stated.

As shown in Appendix C, the most reported events in 2020 were pressure ulcers. Two hundred twenty-one (221) pressure ulcers comprised 56% of all 396 adverse events reported. The second most reported events were falls resulting in death or serious injury, with 84 reports (21%). Surgery performed at the wrong site, or attempted suicide and serious self-harm were next most common with 14 reports (3.5%) each. Retention of a foreign object in a patient after surgery or other procedure followed with 12 reports (3%).

Adverse Events Reported in 2021

⁵ Hebrew Home and Hospital switched from chronic disease hospital to hospital for the mentally ill designation in 2020.

The DPH electronic database contains 455 reports of adverse events reported in 2021.⁶ While the cause of the 15% increase in the number of adverse event reports to DPH in 2021 compared to 2020 is not known, it is possible for an increase in number of events to occur without increase in the rate of events per 100,000 visits, if the number of *patient visits* to hospitals and other medical facilities also increased. This was evident among acute care hospitals for which the number of reports between 2020 and 2021 increased 14% from 351 to 401 yet, due to the increase in patient volume during the same period, the rate of reports per 100,000 inpatient days increased only 7% from 18.5 to 19.8.

Acute care hospitals including children's hospitals made up most of the adverse event reports in 2021, submitting 401 (88%) of the 455 events. After acute care, chronic disease hospitals submitted 16 reports; hospitals for the mentally ill submitted 29; and outpatient surgical facilities (if not owned by a hospital), pain medicine centers, fertility clinics, and freestanding birthing centers submitted nine. Over fifty-seven percent (57.1%) of reported adverse events occurred in males and 42.9% in females. The majority of reports concerned patients 65 years of age and older. The most common location of occurrence was reported to be the hospital adult medical ward (Appendix A).

A substantial portion of reports did not indicate race or ethnicity. Race was noted for 58% and ethnicity was recorded for 60%, which was slightly improved from the previous year. Of reports that recorded race, the most common were White (71%) and Black (19%). Hispanic ethnicity was recorded in 12% of reports where ethnicity was stated.

As shown in Appendix C, the most reported events in 2021 were pressure ulcers. Two hundred twenty-eight (228) pressure ulcers comprised 50% of all 455 adverse events reported. The second most reported events were falls resulting in death or serious injury, with 102 reports (22%). Retention of a foreign object in a patient after surgery or other procedure followed with 22 reports (5%). Surgery performed at the wrong site, or wrong surgical procedure, were next most common with 17 (4%) and 13 (3%) reports, respectively.

Adverse Events Reported in 2022

The number of adverse events reports (n=465) in 2022 was 2% higher than 2021. These events were reported by Connecticut healthcare facilities that accounted for over 2 million inpatient days in 2022, in addition to outpatient visits.

Acute care hospitals including children's hospitals submitted 407 (88%) of the 465 adverse event reports in 2022; chronic disease hospitals, 23; hospitals for the mentally ill, 27; and outpatient surgical facilities (if not owned by a hospital), 8. Fifty-seven percent (57%) of reported adverse events occurred in males and 43% in females. The majority of reports

⁶ Six reports were rescinded by DPH after conversation with the reporting facility, usually because investigation led to the incident not needing to be reported, or if entered erroneously. These rescinded reports are not included.

concerned patients 65 years of age and older. The most common location of occurrence was reported to be the hospital adult medical ward (Appendix A).

A substantial portion of reports did not indicate race or ethnicity. Race was missing for 40% and ethnicity was missing for 39%. Of reports that recorded race, the most common were white (73%) and black (16%). Hispanic ethnicity was recorded in 13% of reports where ethnicity was stated.

As shown in Appendix C, the most reported events in 2022 were pressure ulcers. Two hundred forty-one (241) pressure ulcers comprised 53% of all 465 adverse events reported. The second most reported events were falls resulting in death or serious injury, with 106 reports (23%). Retention of a foreign object in a patient after surgery or other procedure followed with 20 reports (4%). The next most reported event, at 19 instances (4%), was no or wrong gas delivered, and attempted self-harm (18, also 4%) rounded out the top five. Additional analyses appear in appendix K.

CURRENT ACTIVITIES

During healthcare inspection activities, DPH activities include, but are not limited to, a review of medical records to ensure that care has been provided in accordance with applicable state and federal laws and regulations and standards of care. Not only are inpatient medical records reviewed but closed medical records as well. Such review includes compliance with the requirements of adverse event reporting and compliance with applicable state and federal laws and regulations.

Investigation of Adverse Events

The first responsibility for investigation of an adverse event lies with the facility in which the event occurred. Under Connecticut's Adverse Event reporting law (CGS 19a-127n), facilities are required to submit a corrective action plan to DPH for each reported adverse event.

An external investigation at a healthcare facility due to an adverse event may begin in several ways: (1) as a result of a complaint to DPH made by any person;⁷ (2) following a sentinel event report by the facility to the Joint Commission, a complaint to the Joint Commission by any person,⁸ or an unannounced, onsite visit to a facility by the Joint Commission during which an adverse event becomes known; or (3) as a consequence of an adverse event report sent by the healthcare facility to DPH. The last of these routes is discussed here.

After examining an adverse event report, which includes a corrective action plan, the DPH Healthcare Quality and Safety Branch determines whether to initiate an investigation.

⁷ <https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/PLIS/Reporting-a-Complaint>

⁸ <https://www.jointcommission.org/resources/patient-safety-topics/sentinel-event/>

Screening to rule out medical error is based on clinical judgment and/or objective medical criteria. The screening team consists of licensed healthcare clinicians at DPH.

The department conducts investigations regarding adverse event reports that may indicate a systems issue, or problems related to inadequate standards of care. These investigations determine regulatory compliance versus noncompliance and provide additional information that may allow one to distinguish between events that have been due to a medical error or system failure and those that have not. Investigations involving adverse events follow the same process as issues received through the public complaint process. Information is gathered through onsite inspection and observation, review of clinical records, review of the institution's policies and procedures, interviews with institutional staff and vested parties as appropriate. The results of completed investigations are public and may be obtained through eLicensing or by request, under the Freedom of Information (FOI) Act.

CONCLUSION

Pursuant to CGS 19a-127n, DPH collects annual adverse event data from healthcare facilities. This report covers the trends from 2019-2022. Adverse event reports enable the department to ensure that Connecticut hospitals and other healthcare facilities remain committed to patient safety. This is evident in the comments submitted by facilities.

Following an adverse event, facilities must submit an adverse event report including a corrective action plan. Adverse event reporting thus forms the basis for facilities regulation and investigation. Data sharing on adverse event trends enables the department and legislature to identify areas of improvement in facilities across the state.

APPENDICES

Appendix A:	Demographic Data from Adverse Event Reports
Appendix B:	Counts and Crosswalk of Adverse Events Codes 2013-2022
Appendix C:	Adverse Event Reports by Frequency of Occurrence
Appendix D:	Acute Care Hospital Adverse Event Reports and Rates by Facility and Event Type
Appendix E:	Chronic Disease Hospital and Hospice Adverse Event Reports and Rates by Facility and Event Type
Appendix F:	Hospital for the Mentally Ill Adverse Event Reports and Rates by Facility and Event Type
Appendix G:	Fertility Center and Outpatient Childbirth Center Adverse Event Reports and Rates by Facility and Event Type
Appendix H:	Ambulatory Surgical Center and Pain Medicine Center, Adverse Event Reports and Rates by Facility and Event Type
Appendix I:	Primary Payer Source by Facility
Appendix J:	Comments Submitted by Facilities
Appendix K:	Additional Analyses

APPENDIX A: DEMOGRAPHIC DATA FROM ADVERSE EVENT REPORTS

Demographic Data from Adverse Event Reports in the Electronic Database, Connecticut 2019		
Measure	Frequency	Percent
Facility Type (n=404)		
Acute Care or Children's Hospital	346	85.6%
Chronic Disease Hospital	40	9.9%
Hospital for Mentally Ill Persons	14	3.5%
Outpatient Surgical Facility	4	1.0%
Patient Gender (n=404)		
Male	216	53.5%
Female	188	46.5%
Patient Age (n=404)		
0-14	8	2.0%
15-44	62	15.3%
45-64	108	26.7%
65 and older	226	55.9%
Location of Event (n=404)		
Adult Medical	114	28.2%
Adult Surgical	24	5.9%
Ambulatory Surgical	6	1.5%
Cardiac Care and Telemetry	23	5.7%
Cardiac Cath Lab	4	1.0%
Diagnostic Services	3	0.7%
Dialysis	0	0.0%
Emergency Department	21	5.2%
Medical ICU	58	14.4%
Neonatal ICU	0	0.0%
Obstetrical/Gynecological	4	1.0%
Operating Room	22	5.4%
Other	54	13.4%
Outpatient Services	8	2.0%
Pediatrics	5	1.2%
Psychiatric	33	8.2%
Rehabilitative Services	8	2.0%
Surgical ICU	17	4.2%

Appendix A continued.		
Demographic Data from Adverse Event Reports in the Electronic Database, Connecticut 2019		
Measure	Frequency	Percent
Inpatient/Outpatient (n=404)		
Inpatient	356	88.1%
Outpatient	48	11.9%
Admission Type (n=404)		
Hospital Based	390	96.5%
Off Campus Satellite Site	8	2.0%
Ambulatory Surgical Center	6	1.5%
Patient Race (n=216)		
White	174	80.6%
Black or African American	37	17.1%
Chinese	1	0.5%
Asian	1	0.5%
American Indian or Alaska Native	1	0.5%
Other	2	0.9%
Patient Ethnicity (n=230)		
Hispanic or Latino	12	5.2%
Other Hispanic culture or origin	3	1.3%
Not Hispanic or Latino	198	86.1%
Other	17	7.4%
Spoken Language (n=238)		
English	224	94.1%
Chinese, Mandarin	1	0.4%
French Creole (Haitian)	2	0.8%
Greek	1	0.4%
Portuguese	2	0.8%
Spanish	6	2.5%
Other Language	2	0.8%
English Proficiency (n=212)		
Well	64	30.2%
Very Well	86	40.6%
Unknown	62	29.2%
Interpreter Used? (n=404)		
No	395	97.8%
Yes	9	2.2%
Patient Expired (n=404)		
No	384	95.0%
Yes	20	5.0%
Frequency and percent reflect only the non-missing values.		

Appendix A.		
Demographic Data from Adverse Event Reports		
in the Electronic Database, Connecticut 2020		
Measure	Frequency	Percent
Facility Type (n=396)		
Acute Care or Children's Hospital	351	88.6%
Chronic Disease Hospital	18	4.5%
Hospital for Mentally Ill Persons	21	5.3%
Outpatient Surgical Facility and Other ¹	6	1.5%
Patient Gender (n=396)		
Male	229	57.8%
Female	167	42.2%
Patient Age (n=396)		
0-14	9	2.3%
15-44	52	13.1%
45-64	117	29.5%
65 and older	218	55.1%
Location of Event (n=396)		
Adult Medical	112	28.3%
Adult Surgical	24	6.1%
Ambulatory Surgical	10	2.5%
Cardiac Care and Telemetry	25	6.3%
Cardiac Cath Lab	1	0.3%
Diagnostic Services	3	0.8%
Dialysis	0	0.0%
Emergency Department	26	6.6%
Medical ICU	74	18.7%
Neonatal ICU	2	0.5%
Obstetrical/Gynecological	3	0.8%
Operating Room	16	4.0%
Other	40	10.1%
Outpatient Services	5	1.3%
Pediatrics	4	1.0%
Psychiatric	29	7.3%
Rehabilitative Services	8	2.0%
Surgical ICU	14	3.5%
¹ Includes ambulatory surgical centers not owned by a hospital, pain medicine, fertility clinics, and freestanding birthing center.		

Appendix A continued.		
Demographic Data from Adverse Event Reports in the Electronic Database, Connecticut 2020		
Measure	Frequency	Percent
Inpatient/ Outpatient (n=396)		
Inpatient	353	89.1%
Outpatient	43	10.9%
Admission Type (n=396)		
Hospital Based	379	95.7%
Off Campus Satellite Site	7	1.8%
Ambulatory Surgical Center	10	2.5%
Patient Race (n=213)		
White	149	70.0%
Black or African American	42	19.7%
Asian Indian	1	0.5%
Other Asian	2	0.9%
American Indian or Alaska Native	1	0.5%
Other	18	8.5%
Patient Ethnicity (n=215)		
Hispanic or Latino	20	9.3%
Puerto Rican	1	0.5%
Not Hispanic or Latino	172	80.0%
Other	22	10.2%
Spoken Language (n=210)		
English	196	93.3%
Greek	1	0.5%
Spanish	11	5.2%
Other Language	2	1.0%
English Proficiency (n=197)		
Not Well	4	2.0%
Well	34	17.3%
Very Well	84	42.6%
Unknown	75	38.1%
Interpreter Used? (n=396)		
No	384	97.0%
Yes	12	3.0%
Patient Expired (n=396)		
No	362	91.4%
Yes	34	8.6%
Frequency and percent reflect only the non-missing values.		

Appendix A.		
Demographic Data from Adverse Event Reports		
in the Electronic Database, Connecticut 2021		
Measure	Frequency	Percent
Facility Type (n=455)		
Acute Care or Children's Hospital	401	88.1%
Chronic Disease Hospital	16	3.5%
Hospital for Mentally Ill Persons	29	6.4%
Outpatient Surgical Facility and Other ¹	9	2.0%
Patient Gender (n=455)		
Male	260	57.1%
Female	195	42.9%
Patient Age (n=455)		
0-14	17	3.7%
15-44	61	13.4%
45-64	138	30.3%
65 and older	239	52.5%
Location of Event (n=455)		
Adult Medical	122	26.8%
Adult Surgical	25	5.5%
Ambulatory Surgical	13	2.9%
Cardiac Care and Telemetry	16	3.5%
Cardiac Cath Lab	1	0.2%
Diagnostic Services	6	1.3%
Dialysis	0	0.0%
Emergency Department	32	7.0%
Medical ICU	80	17.6%
Neonatal ICU	1	0.2%
Obstetrical/Gynecological	10	2.2%
Operating Room	23	5.1%
Other	54	11.9%
Outpatient Services	7	1.5%
Pediatrics	3	0.7%
Psychiatric	42	9.2%
Rehabilitative Services	7	1.5%
Surgical ICU	13	2.9%
¹ Includes ambulatory surgical centers not owned by a hospital, pain medicine, fertility clinics, and freestanding birthing center.		

Appendix A continued.		
Demographic Data from Adverse Event Reports		
in the Electronic Database, Connecticut 2021		
Measure	Frequency	Percent
Inpatient/Outpatient (n=455)		
Inpatient	402	88.4%
Outpatient	53	11.6%
Admission Type (n=455)		
Hospital Based	438	96.3%
Off Campus Satellite Site	6	1.3%
Ambulatory Surgical Center	11	2.4%
Patient Race (n=266)		
White	190	71.4%
Black or African American	51	19.2%
Vietnamese	1	0.4%
Other Asian	1	0.4%
Other	23	8.6%
Patient Ethnicity (n=275)		
Hispanic or Latino	34	12.4%
Not Hispanic or Latino	226	82.2%
Puerto Rican	1	0.4%
South or Central American	1	0.4%
Other	13	4.7%
Spoken Language (n=273)		
English	255	93.4%
French Creole	2	0.7%
Russian	2	0.7%
Spanish	10	3.7%
Vietnamese	1	0.4%
Other Language	3	1.1%
English Proficiency (n=239)		
Not at All	2	0.8%
Not Well	5	2.1%
Well	44	18.4%
Very Well	119	49.8%
Unknown	69	28.9%
Interpreter Used? (n=455)		
No	444	97.6%
Yes	11	2.4%
Patient Expired (n=455)		
No	430	94.5%
Yes	25	5.5%
Frequency and percent reflect only the non-missing values.		

Appendix A.		
Demographic Data from Adverse Event Reports		
in the Electronic Database, Connecticut 2022		
Measure	Frequency	Percent
Facility Type (n=465)		
Acute Care or Children's Hospital	407	87.5%
Chronic Disease Hospital	23	4.9%
Hospital for Mentally Ill Persons	27	5.8%
Outpatient Surgical Facility and Other ¹	8	1.7%
Patient Gender (n=465)		
Male	265	57.0%
Female	200	43.0%
Patient Age (n=464)		
0-14	11	2.4%
15-44	74	15.9%
45-64	125	26.9%
65 and older	254	54.7%
Location of Event (n=465)		
Adult Medical	127	27.3%
Adult Surgical	34	7.3%
Ambulatory Surgical	4	0.9%
Cardiac Care and Telemetry	35	7.5%
Cardiac Cath Lab	0	0.0%
Diagnostic Services	5	1.1%
Dialysis	0	0.0%
Emergency Department	35	7.5%
Medical ICU	78	16.8%
Neonatal ICU	0	0.0%
Obstetrical/Gynecological	8	1.7%
Operating Room	23	4.9%
Other	42	9.0%
Outpatient Services	6	1.3%
Pediatrics	0	0.0%
Psychiatric	38	8.2%
Rehabilitative Services	9	1.9%
Surgical ICU	21	4.5%
¹ Includes ambulatory surgical centers not owned by a hospital, pain medicine, fertility clinics, and freestanding birthing center.		

Appendix A continued.		
Demographic Data from Adverse Event Reports		
in the Electronic Database, Connecticut 2022		
Measure	Frequency	Percent
Inpatient/Outpatient (n=465)		
Inpatient	424	91.2%
Outpatient	41	8.8%
Admission Type (n=465)		
Hospital Based	452	97.2%
Off Campus Satellite Site	4	0.9%
Ambulatory Surgical Center	9	1.9%
Patient Race (n=277)		
White	203	73.3%
Black or African American	43	15.5%
American Indian or Alaska	1	0.4%
Asian	4	1.4%
Other	26	9.4%
Patient Ethnicity (n=285)		
Hispanic or Latino	35	12.3%
Not Hispanic or Latino	240	84.2%
Puerto Rican	2	0.7%
South or Central American	0	0.0%
Other	8	2.8%
Spoken Language (n=285)		
English	268	94.0%
French Creole	2	0.7%
Greek	2	0.7%
Spanish	10	3.5%
Portuguese	1	0.4%
Other Language	2	0.7%
English Proficiency (n=465)		
Not at All	0	0.0%
Not Well	7	1.5%
Well	52	11.2%
Very Well	81	17.4%
Unknown	325	69.9%
Interpreter Used? (n=465)		
No	451	97.0%
Yes	14	3.0%
Patient Expired (n=465)		
No	441	94.8%
Yes	24	5.2%
Frequency and percent reflect only the non-missing values.		

Appendix B: Counts and Crosswalk of Adverse Events Codes 2013-2022

Event Code	Description	Number of Reports									
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
NQF 1A	Surgery performed on the wrong site	13	15	13	18	10	11	17	14	17	10
NQF 1B	Surgery performed on the wrong patient	1	0	1	1	0	0	1	1	2	1
NQF 1C	Wrong surgical procedure performed on a patient	1	4	1	6	3	7	5	7	13	6
NQF 1D	Retention of a foreign object in a patient after surgery or other procedure	25	24	19	20	17	28	23	12	22	20
NQF 1E	Intraoperative or immediate postoperative/ postprocedure death in an ASA class I patient	0	1	1	1	1	0	0	0	0	0
NQF 2A	Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting	0	3	0	1	1	2	1	1	1	0
NQF 2B	Patient death or serious injury associated with the use or function of a device in patient care in which the device is used or functions other than as intended	3	2	5	1	1	0	2	1	2	1
NQF 2C	Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting	0	0	1	0	2	1	3	0	3	1
NQF 3A	Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person	0	0	1	2	0	1	3	3	9	6
NQF 3B	Patient death or serious injury associated with patient elopement (disappearance)	1	0	0	0	0	0	0	1	1	2
NQF 3C	Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting	5	0	3	5	3	4	7	14	9	18
NQF 4A	Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration)	6	1	7	7	4	3	6	10	10	7
NQF 4B	Patient death or serious injury associated with unsafe administration of blood products	0	0	0	0	0	0	0	0	0	0
NQF 4C	Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting	2	0	1	3	0	1	1	1	0	2
NQF 4D	Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy	1	4	5	2	1	0	2	1	5	3

Appendix B (cont.). Counts of Adverse Event Codes 2013-2022

Event Code	Description	Number of Reports									
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
NQF 4E	Patient death or serious injury associated with a fall while being cared for in a healthcare setting	90	78	90	74	84	106	101	84	102	106
NQF 4F	Any Stage 3, Stage 4, or unstageable pressure ulcer acquired after admission/ presentation to a healthcare setting	277	245	230	186	208	194	206	221	228	241
NQF 4G	Artificial insemination with the wrong donor sperm or wrong egg	0	0	0	0	0	0	0	1	0	0
NQF 4H	Death or serious injury resulting from irretrievable loss of an irreplaceable biological specimen	3	0	0	0	0	1	1	0	0	0
NQF 4I	Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results	2	0	3	2	0	4	2	2	2	2
NQF 5A	Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting	0	0	0	0	0	0	0	0	0	0
NQF 5B	Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances	1	0	0	0	0	0	8	8	10	19
NQF 5C	Patient death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting	0	1	0	4	8	2	4	2	2	2
NQF 5D	Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting	1	0	2	0	1	1	2	1	0	2
NQF 6A	Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area.	0	0	0	0	0	0	0	0	0	0
NQF 7A	Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider	2	1	0	0	0	0	0	0	0	0
NQF 7B	Abduction of a patient/resident of any age	1	0	0	0	0	1	0	0	0	0

Appendix B (cont.). Counts of Adverse Event Codes 2013-2022

Event Code	Description	Number of Reports									
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
NQF 7C	Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting	4	9	10	24	5	5	4	4	12	9
NQF 7D	Death or serious injury of a patient or staff member resulting from a physical assault (i.e. Battery) that occurs within or on the grounds of a healthcare setting	3	1	0	2	2	4	5	7	5	7
Total Reports		442	389	393	359	351	376	404	396	455	465

The definition of NQF 7C was clarified to include only substantiated allegations beginning January 2017.

APPENDIX C: ADVERSE EVENT REPORTS BY FREQUENCY OF OCCURRENCE

Appendix C. Connecticut Adverse Events in 2019			
Most Frequently Reported Events			
NQF List (1A-7D)			
Event	Description	Frequency	Percent of All Events
4F	Unstageable, stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility	206	51.0%
4E	Patient death or serious injury associated with a fall while being cared for in a healthcare facility	101	25.0%
1D	Retention of a foreign object in a patient after surgery or other procedure	23	5.7%
1A	Surgery performed on the wrong body part	17	4.2%
5B	Wrong, no, or contaminated gas delivered to patient	8	2.0%
All other reported adverse events		49	12.1%
Total		404	100.0%

Appendix C. Connecticut Adverse Events in 2020			
Most Frequently Reported Events			
NQF List (1A-7D)			
Event	Description	Frequency	Percent of All Events
4F	Unstageable, stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility	221	55.8%
4E	Patient death or serious injury associated with a fall while being cared for in a healthcare facility	84	21.2%
5B	Wrong, no, or contaminated gas delivered to patient	14	3.5%
1A	Surgery performed on the wrong body part	14	3.5%
1D	Retention of a foreign object in a patient after surgery or other procedure	12	3.0%
All other reported adverse events		51	12.9%
Total		396	100.0%

Appendix C. Connecticut Adverse Events in 2021			
Most Frequently Reported Events			
NQF List (1A-7D)			
Event	Description	Frequency	Percent of All Events
4F	Unstageable, stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility	228	50.1%
4E	Patient death or serious injury associated with a fall while being cared for in a healthcare facility	102	22.4%
1D	Retention of a foreign object in a patient after surgery or other procedure	22	4.8%
1A	Surgery performed on the wrong body part	17	3.7%
1C	Wrong surgical procedure performed on a patient	13	2.9%
7C	Sexual abuse or assault on a patient or staff member	12	2.6%
5B	Wrong, no, or contaminated gas delivered to patient	10	2.2%
4A	Patient death or serious injury associated with a medication error	10	2.2%
3A	Discharge of a patient who is unable to make decisions, to other than an authorized person	9	2.0%
3C	Patient suicide, attempted suicide, or self-harm in a healthcare setting	9	2.0%
All other reported adverse events		23	5.1%
Total		455	100.0%

Appendix C. Connecticut Adverse Events in 2022			
Most Frequently Reported Events			
NQF List (1A-7D)			
Event	Description	Frequency	Percent of All Events
4F	Unstageable, stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility	241	53.0%
4E	Patient death or serious injury associated with a fall while being cared for in a healthcare facility	106	23.3%
1D	Retention of a foreign object in a patient after surgery or other procedure	20	4.4%
5B	Wrong, no, or contaminated gas delivered to patient	19	4.2%
3C	Patient suicide, attempted suicide, or self-harm in a healthcare setting	18	4.0%
1A	Surgery performed on the wrong body part	10	2.2%
7C	Sexual abuse or assault on a patient or staff member	9	2.0%
4A	Patient death or serious injury associated with a medication error	7	1.5%
7D	Patient death or serious injury associated with physical assault	7	1.5%
1C	Wrong surgical procedure performed on a patient	6	1.3%
3A	Discharge of a patient who is unable to make decisions, to other than an authorized person	6	1.3%
All other reported adverse events		16	3.5%
Total		465	100.0%

Appendix D. Adverse Event Reports by Event Type
Acute Care Hospitals. Connecticut, 2019.*

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* Zero count cells are suppressed except in totals

In June 2019 Milford Hospital became a satellite of Bridgeport Hospital

Appendix D (continued).			
Adverse Event Reports and Rates by Facility			
Acute Care Hospitals. Connecticut, 2019.			
	CY 2019	Patient	Rate per
	Reports	Days*	100,000
Hospital	Total	CY 2019	Pt Days*
William W. Backus Hospital	13	52,755	24.6
Bridgeport Hospital	21	117,303	17.9
Bristol Hospital	8	29,880	26.8
Connecticut Children's Medical Center	4	44,166	9.1
Danbury and New Milford Hospitals	11	93,654	11.7
Day Kimball Healthcare	0	15,092	0.0
John Dempsey Hospital	10	42,178	23.7
Greenwich Hospital	15	47,618	31.5
Griffin Hospital	3	29,776	10.1
Hartford Hospital	26	257,982	10.1
Charlotte Hungerford Hospital	5	26,862	18.6
Hospital of Central Connecticut	15	70,589	21.2
Johnson Memorial Hospital	3	11,893	25.2
Lawrence and Memorial Hospital	12	69,081	17.4
Manchester Memorial Hospital	0	42,479	0.0
Middlesex Hospital	5	51,410	9.7
Milford Hospital	10	4,500	222.2
MidState Medical Center	1	39,399	2.5
Norwalk Hospital	14	49,403	28.3
Rockville General Hospital	0	13,375	0.0
Saint Francis Hospital	29	133,657	21.7
Saint Mary's Hospital	7	41,313	16.9
Saint Vincent's Medical Center	19	76,083	25.0
Sharon Hospital	4	4,488	89.1
Stamford Hospital	29	74,588	38.9
Waterbury Hospital	8	55,427	14.4
Windham Community Memorial Hospital	1	10,154	9.8
Yale-New Haven Hospital	73	453,053	16.1
All Acute Care Hospitals	346	1,958,158	17.7
* Inpatient patient days are used as rate denominators.			

Appendix D. Adverse Event Reports by Event Type
Acute Care Hospitals. Connecticut, 2020.*

	Adverse Event Reports by Event Type																												
Hospital	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
Backus																	7												
Bridgeport			2								1						3	19				1							
Bristol																	2	3											
Ct Children's Medical Cntr				1						1																			
Danbury	1																3	6										1	
Day Kimball				1								1					1												
Dempsey	2		1	2						1							6	2											
Greenwich			2									1					2	8				1						1	
Griffin																	2	4										1	
Hartford	2	1		1						2							3	16											1
Hungerford						1											4	3					1						
Hospital of Central Ct	2			1													3	1											
Johnson																													
Lawrence & Memorial												1					3	3				1							
Manchester							1								1		2	4											
Middlesex												1					2	4											
MidState	1																4	3											
Norwalk	1											1			1	3	16											1	
Rockville																													
St Francis	2			1						2							6	33			1								
St Mary's				1						1	1							1			1								
St Vincent's	1			3													6	4											
Sharon																	1												
Stamford																	4	18											
Waterbury																	2	1											
Windham																		6											
Yale-NH												2					9	43				5	1						
All Acute Care	12	1	5	11	0	1	1	0	3	1	5	7	0	1	1	71	205	0	0	2	0	8	2	0	0	0	0	4	1

* Zero count cells are suppressed except in totals

Appendix D (continued).
Adverse Event Reports and Rates by Facility
Acute Care Hospitals. Connecticut, 2020.

Hospital	CY 2020 Reports Total	Patient Days* CY 2020	Rate per 100,000 Pt Days*
William W. Backus Hospital	7	48,078	14.6
Bridgeport Hospital ¹	26	122,568	21.2
Bristol Hospital	5	28,169	17.8
Connecticut Children's Medical Center	2	42,441	4.7
Danbury and New Milford Hospitals	11	88,619	12.4
Day Kimball Healthcare	3	14,226	21.1
John Dempsey Hospital	14	40,527	34.5
Greenwich Hospital	15	52,557	28.5
Griffin Hospital	7	30,714	22.8
Hartford Hospital	26	248,926	10.4
Charlotte Hungerford Hospital	9	26,766	33.6
Hospital of Central Connecticut	16	70,142	22.8
Johnson Memorial Hospital	0	11,091	0.0
Lawrence and Memorial Hospital	8	67,263	11.9
Manchester Memorial Hospital	8	42,882	18.7
Middlesex Hospital	7	51,459	13.6
MidState Medical Center	8	37,315	21.4
Norwalk Hospital	23	47,325	48.6
Rockville General Hospital	0	4,837	0.0
Saint Francis Hospital	45	122,498	36.7
Saint Mary's Hospital	5	37,836	13.2
Saint Vincent's Medical Center	14	78,405	17.9
Sharon Hospital	1	1,719	58.2
Stamford Hospital	22	71,113	30.9
Waterbury Hospital	3	50,477	5.9
Windham Community Memorial Hospital	6	10,579	56.7
Yale-New Haven Hospital	60	448,019	13.4
All Acute Care Hospitals	351	1,896,551	18.5
* Inpatient patient days are used as rate denominators.			
¹ Includes Milford campus.			

Appendix D. Adverse Event Reports by Event Type

Acute Care Hospitals. Connecticut, 2021.*

|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

* Zero count cells are suppressed except in totals

Appendix D (continued).			
Adverse Event Reports and Rates by Facility			
Acute Care Hospitals. Connecticut, 2021.			
Hospital	CY 2021 Reports Total	Patient Days* CY 2021	Rate per 100,000 Pt Days*
William W. Backus Hospital	16	54,000	29.6
Bridgeport Hospital ¹	34	134,651	25.3
Bristol Hospital	3	27,254	11.0
Connecticut Children's Medical Center	6	45,658	13.1
Danbury and New Milford Hospitals	17	92,556	18.4
Day Kimball Healthcare	2	14,111	14.2
John Dempsey Hospital	17	42,990	39.5
Greenwich Hospital	14	57,889	24.2
Griffin Hospital	10	34,763	28.8
Hartford Hospital	25	264,607	9.4
Charlotte Hungerford Hospital	5	28,459	17.6
Hospital of Central Connecticut	14	77,251	18.1
Johnson Memorial Hospital	4	9,789	40.9
Lawrence and Memorial Hospital	13	73,480	17.7
Manchester Memorial Hospital	6	48,248	12.4
Middlesex Hospital	5	55,400	9.0
MidState Medical Center	6	41,218	14.6
Norwalk Hospital	18	45,153	39.9
Rockville General Hospital ²	0	4,837	0.0
Saint Francis Hospital	45	125,517	35.9
Saint Mary's Hospital	13	41,100	31.6
Saint Vincent's Medical Center	13	85,639	15.2
Sharon Hospital	1	10,279	9.7
Stamford Hospital	29	73,658	39.4
Waterbury Hospital	3	47,682	6.3
Windham Community Memorial Hospital	2	11,802	16.9
Yale-New Haven Hospital	80	478,624	16.7
All Acute Care Hospitals	401	2,026,615	19.8
* Inpatient patient days are used as rate denominators.			
¹ Includes Milford campus. ² Pt days in 2020.			

Appendix D. Adverse Event Reports by Event Type
Acute Care Hospitals. Connecticut, 2022.*

	Adverse Event Reports by Event Type																												
Hospital	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
Backus				2												4	10					3							
Bridgeport	1			1					2	1		2				7	33												
Bristol				1												4													
Ct Children's Medical Cntr									1							1													
Danbury			1	1							1					11	3												2
Day Kimball																													
Dempsey	2			4								1				7				1		2	2					1	
Greenwich	1		1													1	9											2	
Griffin																2	2					2							
Hartford	1		1	1					2		1					5	15					5		1				4	
Hungerford																2	9												
Hospital of Central Ct				1											1	7	4					1							
Johnson																1													
Lawrence & Memorial		1					1							1		1	15												
Manchester															1	2													
Middlesex				1												1	2												
MidState														1	1	1						4							
Norwalk												1				4	8			1									
Rockville																													
St Francis				1												2	32												
St Mary's	1															2	3												1
St Vincent's				1												6	13					1							
Sharon																1													
Stamford				1							1					5	17												
Waterbury								1	1			1					2												
Windham																	2												
Yale-NH	1		2	3					1		1					9	54												
All Acute Care	7	1	5	18	0	0	1	1	7	1	4	5	0	2	3	86	233	0	0	2	0	18	2	1	0	0	0	7	3

Appendix D (continued).
Adverse Event Reports and Rates by Facility
Acute Care Hospitals. Connecticut, 2022.

Hospital	CY 2022 Reports Total	Patient Days* CY 2022	Rate per 100,000 Pt Days*
William W. Backus Hospital	19	56,849	33.4
Bridgeport Hospital ¹	47	132,440	35.5
Bristol Hospital	5	26,368	19.0
Connecticut Children's Medical Center	2	50,547	4.0
Danbury and New Milford Hospitals	19	92,568	20.5
Day Kimball Healthcare	0	12,851	0.0
John Dempsey Hospital	20	48,400	41.3
Greenwich Hospital	14	56,898	24.6
Griffin Hospital	6	33,851	17.7
Hartford Hospital	36	278,186	12.9
Charlotte Hungerford Hospital	11	29,812	36.9
Hospital of Central Connecticut	14	84,032	16.7
Johnson Memorial Hospital	1	8,290	12.1
Lawrence and Memorial Hospital	19	72,620	26.2
Manchester Memorial Hospital	3	47,366	6.3
Middlesex Hospital	4	53,771	7.4
MidState Medical Center	7	44,472	15.7
Norwalk Hospital	14	43,991	31.8
Rockville General Hospital	0	646	0.0
Saint Francis Hospital	35	117,820	29.7
Saint Mary's Hospital	7	35,919	19.5
Saint Vincent's Medical Center	21	93,128	22.5
Sharon Hospital	1	8,280	12.1
Stamford Hospital	24	77,402	31.0
Waterbury Hospital	5	59,022	8.5
Windham Community Memorial Hospital	2	9,988	20.0
Yale-New Haven Hospital	71	476,923	14.9
All Acute Care Hospitals	407	2,052,440	19.8
* Inpatient patient days are used as rate denominators.			
¹ Includes Milford campus.			

**Appendix E. Adverse Event Reports by Event Type, Facility, and Rate per 100,000 Inpatient Days
Chronic Disease Hospitals and Hospice. Connecticut, 2019.***

	Adverse Event Reports by Event Type																												
Facility	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
Ct Hospice																													
Gaylord																2	3												
Hebrew Home																2													
Hsp Special Care																9	21												
Masonicare																1													
Mount Sinai																1													
Veterans																	1												
Chronic Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	25	0	0	0	0	0	0	0	0	0	0	0	0
* Zero count cells are suppressed except in totals																													

* Zero count cells are suppressed except in totals

Facility	Patient*		Rate per 100,000 Pt Days
	Reports Total	Days 2019	
The Connecticut Hospice	0	7,088	0.0
Gaylord Hospital	5	40,028	12.5
Hebrew Home and Hospital	2	7,380	
The Hospital for Special Care	30	79,620	37.7
Masonicare Health Center	1	1,947	51.4
Mount Sinai Rehabilitation Hospital	1	12,919	7.7
Levertow Veterans Health Center	1	32,120	3.1
All Chronic Disease Hospitals	40	148,982	26.8

* Inpatient days are used for rate calculation.

Levertow Veterans Health Center changed during 2019 from a chronic disease hospital license to a skilled nursing facility
Veterans reported 1 adverse event as a hospital;
2 events reported under "other facility" are not shown here.

**Appendix E. Adverse Event Reports by Event Type, Facility, and Rate per 100,000 Inpatient Days
Chronic Disease Hospitals and Hospice. Connecticut, 2020.***

	Adverse Event Reports by Event Type																												
Facility	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
Ct Hospice																													
Gaylord																2	3												
Hsp Special Care				1								1				4	3												3
Masonicare																													
Mount Sinai																	1												
Chronic Disease	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	6	7	0	0	0	0	0	0	0	0	0	0	0	3
* Zero count cells are suppressed except in totals																													

* Zero count cells are suppressed except in totals

Facility	Reports	Patient*	Rate per
	Total	Days 2020	100,000 Pt Days
The Connecticut Hospice ¹	0	7,088	0.0
Gaylord Hospital	5	42,624	11.7
The Hospital for Special Care	12	81,459	14.7
Masonicare Health Center ²	0	180	0.0
Mount Sinai Rehabilitation Hospital	1	13,271	7.5
All Chronic Disease Hospitals	18	144,622	12.4
* Inpatient days are used for rate calculation.			
¹ Inpatient days shown. Also reported 48,796 home care visits.			
² Closed chronic disease hospital early in 2020			

**Appendix E. Adverse Event Reports by Event Type, Facility, and Rate per 100,000 Inpatient Days
Chronic Disease Hospitals and Hospice. Connecticut, 2021.***

	Adverse Event Reports by Event Type																												
Facility	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
Ct Hospice																													
Gaylord																1	2												
Hsp Special Care																4	8												
Mount Sinai																	1												
Chronic Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	11	0	0	0	0	0	0	0	0	0	0	0	0
* Zero count cells are suppressed except in totals																													

* Zero count cells are suppressed except in totals

	Reports	Patient* Days	Rate per 100,000
Facility	Total	2021	Pt Days
The Connecticut Hospice ¹	0	6,253	0.0
Gaylord Hospital	3	41,415	7.2
The Hospital for Special Care	12	78,888	15.2
Mount Sinai Rehabilitation Hospital	1	12,376	8.1
All Chronic Disease Hospitals	16	138,932	11.5
* Inpatient days are used for rate calculation.			
¹ Inpatient days shown. Also reported 38,062 home care visits.			

Appendix E. Adverse Event Reports by Event Type, Facility, and Rate per 100,000 Inpatient Days
Chronic Disease Hospitals and Hospice. Connecticut, 2022.*

	Adverse Event Reports by Event Type																												
Facility	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
Ct Hospice																													
Gaylord																3	3					1							
Hsp Special Care												1				7	4						1					1	1
Mount Sinai																1													
Chronic Disease	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	11	7	0	0	0	0	1	0	1	0	0	0	1	1

* Zero count cells are suppressed except in totals

Facility	Reports Total	Patient*	Rate per
		Days 2022	100,000 Pt Days
The Connecticut Hospice ¹	0	5,435	0.0
Gaylord Hospital	7	40,362	17.3
The Hospital for Special Care	15	78,800	19.0
Mount Sinai Rehabilitation Hospital	1	11,137	9.0
All Chronic Disease Hospitals	23	135,734	16.9

* Inpatient days are used for rate calculation.

¹ Inpatient days shown. Also reported 46,0854 home care visits.

**Appendix F. Adverse Event Reports by Event Type, Facility, and Rate per 100,000 Inpatient Days
Hospitals for Mentally Ill Persons. Connecticut, 2019.***

	Adverse Event Reports by Event Type																												
Facility	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
Masonicare																10													
Natchaug																													
Silver Hill																													
Whiting Forensic											2					1													1
Mental Health	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	1
* Zero count cells are suppressed except in totals																													

* Zero count cells are suppressed except in totals

Facility	Reports	Patient*	Rate per
	Total	Days 2019	100,000 Pt Days
Masonicare Behavioral Health	10	9,009	111.0
Natchaug Hospital	0	20,038	0.0
Silver Hill Hospital	0	10,659	0.0
Whiting Forensic Hospital	4	80,933	4.9
All Hospitals for Mentally Ill Persons	14.0	120,639	11.6
*Inpatient days are used for rate calculation			

**Appendix F. Adverse Event Reports by Event Type, Facility, and Rate per 100,000 Inpatient Days
Hospitals for Mentally Ill Persons. Connecticut, 2020.***

	Adverse Event Reports by Event Type																												
Facility	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
Hebrew Home																3													
Masonicare																2							1						
Natchaug																													
Silver Hill											1																		
Whiting Forensic											8	2				1													3
Mental Health	0	0	0	0	0	0	0	0	0	0	9	2	0	0	0	6	0	0	0	0	0	0	0	1	0	0	0	0	3
* Zero count cells are suppressed except in totals																													

* Zero count cells are suppressed except in totals

Facility	Patient*		Rate per 100,000 Pt Days
	Reports Total	Days 2020	
Hebrew Home and Hospital ¹	3	8,880	33.8
Masonicare Behavioral Health	3	8,876	33.8
Natchaug Hospital	0	15,464	0.0
Silver Hill Hospital	1	7,268	13.8
Whiting Forensic Hospital	14	66,023	21.2
All Hospitals for Mentally Ill Persons	21	106,511	19.7
* Inpatient days are used for rate calculation.			
¹ Became hospital for the mentally ill on 1 October 2020.			

**Appendix F. Adverse Event Reports by Event Type, Facility, and Rate per 100,000 Inpatient Days
Hospitals for Mentally Ill Persons. Connecticut, 2021.***

	Adverse Event Reports by Event Type																												
Facility	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
Hebrew Home																9													
Masonicare																6													
Natchaug																													
Silver Hill											1					3													
Whiting Forensic											6					1													3
Mental Health	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0	19	0	0	0	0	0	0	0	0	0	0	0	0	3
* Zero count cells are suppressed except in totals																													

* Zero count cells are suppressed except in totals

Facility	Reports Total	Patient*	Rate per
		Days 2021	100,000 Pt Days
Hebrew Home and Hospital	9	10,656	84.5
Masonicare Behavioral Health	6	9,502	63.1
Natchaug Hospital	0	15,820	0.0
Silver Hill Hospital	4	7,430	53.8
Whiting Forensic Hospital	10	68,829	14.5
All Hospitals for Mentally Ill Persons	29	112,237	25.8
* Inpatient days are used for rate calculation.			

**Appendix F. Adverse Event Reports by Event Type, Facility, and Rate per 100,000 Inpatient Days
Hospitals for Mentally Ill Persons. Connecticut, 2022.***

	Adverse Event Reports by Event Type																												
Facility	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
Hebrew Home																3													
Masonicare																3													
Natchaug																													
Silver Hill																												1	
Whiting Forensic											14					3													3
Mental Health	0	0	0	0	0	0	0	0	0	0	14	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	1	3

* Zero count cells are suppressed except in totals

Facility	Reports Total	Patient*	Rate per
		Days 2022	100,000 Pt Days
Hebrew Home and Hospital	3	10,322	29.1
Masonicare Behavioral Health	3	14,366	20.9
Natchaug Hospital	0	16,459	0.0
Silver Hill Hospital	1	7,875	12.7
Whiting Forensic Hospital	20	73,747	27.1
All Hospitals for Mentally Ill Persons	27	122,769	22.0
* Inpatient days are used for rate calculation.			

Appendix G. Adverse Event Reports by Event Type and Rate per 100,000 Visits
Fertility Centers and Childbirth Centers. Connecticut, 2019.*

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* Zero count cells are suppressed except in totals.

Facility	Location	Reports Total	per 100,000	
			Patient Visits 2019	Pt visits Rate 2019
FERTILITY				
Center for Advanced Reproductive Services	Farmington	0	2,203	0.0
New England Fertility Institute ³	Stamford	0	250	0.0
Reproductive Medicine Associates of Connecticut	Norwalk	0	1,295	0.0
Fertility Totals		0	3,748	0.0
CHILDBIRTH				
Connecticut Childbirth & Women's Center	Danbury	0	124	0.0
Childbirth Totals		0	124	0.0

³ 2014 patient visits data.

**Appendix G. Adverse Event Reports by Event Type and Rate per 100,000 Visits
Fertility Centers and Childbirth Centers. Connecticut, 2020.***

	Adverse Event Reports by Event Type																												
Facility	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
FERTILITY																													
Center for Adv Reprod																													
New England Fertility																													
Reproductive Medicine																		1											
Fertility Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
CHILDBIRTH																													
Ct Childbirth & Women																													
Childbirth Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
* Zero count cells are suppressed except in totals																													

* Zero count cells are suppressed except in totals.

Facility	Location	Reports Total	Patient Visits	per 100,000 Pt visits Rate
			2020	2020
FERTILITY				
Center for Advanced Reproductive Services	Farmington	0	1,831	0.0
New England Fertility Institute ²	Stamford	0	250	0.0
Reproductive Medicine Associates of Connecticut ¹	Norwalk	1	1,295	77.2
Fertility Totals		1	3,376	29.6
CHILDBIRTH				
Connecticut Childbirth & Women's Center ¹	Danbury	0	124	0.0
Childbirth Totals		0	124	0.0

¹ 2019 patient visits data. ² 2014 patient visits data.

Appendix G. Adverse Event Reports by Event Type and Rate per 100,000 Visits
Fertility Centers and Childbirth Centers. Connecticut, 2021.*

	Adverse Event Reports by Event Type																												
Facility	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
FERTILITY																													
Center for Adv Reprod																													
New England Fertility																													
Reproductive Medicine																													
Fertility Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILDBIRTH																													
Ct Childbirth & Women																1													
Childbirth Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
* Zero count cells are suppressed except in totals.																													

* Zero count cells are suppressed except in totals.

Facility	Location	Reports Total	per 100,000	
			Patient Visits 2021	Pt visits Rate 2021
FERTILITY				
Center for Advanced Reproductive Services	Farmington	0	1,300	0.0
New England Fertility Institute ¹	Stamford	0	250	0.0
Reproductive Medicine Associates of Connecticut	Norwalk	0	2,040	0.0
Fertility Totals		0	3,590	0.0
CHILDBIRTH				
Connecticut Childbirth & Women's Center	Danbury	1	156	641.0
Childbirth Totals		1	156	641.0

¹ 2014 patient visits data.

Appendix G. Adverse Event Reports by Event Type and Rate per 100,000 Visits
Fertility Centers and Childbirth Centers. Connecticut, 2022.*

	Adverse Event Reports by Event Type																												
Facility	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
FERTILITY																													
Center for Adv Reprod																													
New England Fertility																													
Reproductive Medicine																													
Fertility Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILDBIRTH																													
Ct Childbirth & Women																													
Childbirth Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
* Zero count cells are suppressed except in totals.																													

* Zero count cells are suppressed except in totals.

Facility	Location	Reports Total	Patient Visits	per 100,000 Pt visits Rate
FERTILITY				
Center for Advanced Reproductive Services ²	Farmington	0	1,300	0.0
New England Fertility Institute ¹	Stamford	0	250	0.0
Reproductive Medicine Associates of Connecticut ²	Norwalk	0	2,040	0.0
Fertility Totals		0	3,590	0.0
CHILDBIRTH				
Connecticut Childbirth & Women's Center ²	Danbury	0	156	0.0
Childbirth Totals		0	156	0.0

¹ 2014 patient visits data. ² 2021 patient visits data.

**Appendix H. Adverse Event Reports by Event Type and Rate per 100,000 Visits
Ambulatory Surgical Centers and Pain Medicine Centers. Connecticut, 2019.***

Facility	Adverse Event Reports by Event Type																													
	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D	
Aesthetic Surg Center																														
Bloomfield ASC																														
Central Ct Endoscopy																														
Coastal Digestive Care																														
Conn Eye, South																														
Conn GI Endoscopy																														
Conn Orthopaedic	2																													
Conn Surgery																														
Constitution Surg, East																														
Danbury Surgical																														
Diagnostic Endoscopy																														
Digestive Dis Endosc																														
Eastern Ct Endoscopy																														
Endoscopy Center of Ct																														
Endoscopy, Fairfield																														
Endoscopy, Northwest																														
Evergreen Endoscopy																														
Eye Surgery Center																														
Fairfield Surgery																														
Gary J. Price MD																														
Glastonbury Endoscopy																														
Glastonbury Surgery																														
Gregory Brucato MD																														
Guilford ASC																														
Hartford Surgical																														
Laser and Vision Surg																														
Litchfield Hills Surgery																														
Middlesex Endoscopy																														
Middlesex Orthopedic																														
Milford Surgery(Ct Foot)																														
NEMG Gastroenterology																														
New Vision Cataract																														
North East Alliance Surg																														
North Haven Surgery																														
Norwalk Surgery																														
Orthopaedic Neurosurg	1																													
Orthopedic Associates																														
River Valley/Ct Surg Arts																														
Rocky Hill Surgery Ctr																														
St Francis GI Endosc																														
Shoreline Colonoscopy																														
Shoreline Surgery																														
Southington Surgery																														
Specialty Surg Ctr																														
Split Rock Surgical																														
Surg Center Fairfield																														
Surg Center-Ct Hand																														
Wallingford Surgery Ctr																														
Waterbury Outpatient																														
Waterbury Surgery Ctr																														
Western CT Ortho Surg				1																										
Wilton Surgery																														
Yale Health Services																														
All Ambulatory Facilities	3	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
* Zero count cells are suppressed except in totals																														

* Zero count cells are suppressed except in totals.

**Appendix H (continued). Adverse Event Reports by Event Type and Rate per 100,000 Visits
Ambulatory Surgical Centers and Pain Medicine Centers. Connecticut, 2019.**

Facility	Location	Reports	Patient Visits	per 100,000 Rate
Aesthetic Surgery Center ²	New Haven	0	347	0.0
Bloomfield ASC (formerly Dr. Felice's Youthful Images)	Bloomfield	0	5,751	0.0
Central Connecticut Endoscopy Center	Plainville	0	7,311	0.0
Coastal Digestive Care Center	New London	0	6,404	0.0
Connecticut Eye Surgery Center South	Milford	0	8,800	0.0
Connecticut GI Endoscopy	Bloomfield	0	5,805	0.0
Connecticut Orthopaedic	Hamden	2	4,591	43.6
Connecticut Surgery	Hartford	0	1,880	0.0
Constitution Eye Surgery Center East	Waterford	0	7,162	0.0
Danbury Surgical Center ¹	Danbury	0	6,645	0.0
Diagnostic Endoscopy	Stamford	0	6,444	0.0
Digestive Disease Associates Endoscopy Suite ¹	Branford	0	2,326	0.0
Eastern Connecticut Endoscopy Center ¹	Norwich	0	6,318	0.0
Endoscopy Center of Connecticut	Guilford/Hamden	0	8,637	0.0
Endoscopy Center of Fairfield, The	Fairfield	0	11,838	0.0
Endoscopy Center of Northwest Connecticut	Torrington	0	3,413	0.0
E vergreen Endoscopy Center	South Windsor	0	4,997	0.0
Eye Surgery Center, The	Bloomfield	0	1,662	0.0
Fairfield Surgery Center	Fairfield	0	1,821	0.0
Gary J. Price, M.D., Center for Aesthetic Surgery	Guilford	0	151	0.0
Glastonbury Endoscopy Center, LLC	Glastonbury	0	7,809	0.0
Glastonbury Surgery Center	Glastonbury	0	4,541	0.0
Guilford Surgery Ctr (formerly CT Ctr for Plastic Surg)	Guilford	0	2,681	0.0
Hartford Surgical Center	Hartford	0	3,459	0.0
Laser and Vision Surgery Center ²	Manchester	0	1,966	0.0
Litchfield Hills Surgery Center	Torrington	0	1,310	0.0
Middlesex Center for Advanced Orthopedic Surgery	Middletown	0	3,829	0.0
Middlesex Endoscopy Center	Middletown	0	6,538	0.0
Milford (Connecticut Foot) Surgery Center ²	Milford	0	354	0.0
NEMG Gastroenterology	Trumbull	0	6,061	0.0
New Vision Cataract Center	Norwalk	0	2,305	0.0
North East Alliance Surgery Center	Hamden	0	366	0.0
North Haven Surgery/Pain Medicine Center	North Haven	0	3,489	0.0
Norwalk Surgery Center	Norwalk	0	2,424	0.0
Orthopaedic & Neurosurgery Center of Greenwich (Stamford ASC)	Greenwich	1	4,590	21.8
Orthopedic Associates Surgery Center	Rocky Hill	0	7,626	0.0
River Valley Ambul Surg/Connecticut Surgical Arts	Norwich	0	3,681	0.0
Rocky Hill Surgery Center	Rocky Hill	0	12	0.0
Saint Francis GI Endoscopy	Windsor	0	6,221	0.0
Shoreline Colonoscopy Suites	Old Saybrook	0	500	0.0
Shoreline Surgery Center	Guilford	0	7,794	0.0
Southington Surgery Center ¹	Southington	0	3,714	0.0
Speciality Surgery Center	Stamford	0	2,072	0.0
Split Rock Surgical Associates	Wilton	0	227	0.0
Surgery Center of Fairfield County ¹	Bridgeport	0	5,563	0.0
Surgical Center of CT-CT Hand	Bridgeport	0	3,046	0.0
Wallingford Surgery Center (Endoscopy)	Wallingford	0	5,275	0.0
Waterbury Outpatient Surgical Center	Waterbury	0	1,930	0.0
Waterbury Surgery Center	Waterbury	0	7,169	0.0
Western CT Ortho Surgical Ctr (formerly Hand Ctr)	Danbury	1	3,657	27.3
Wilton Surgery Center	Wilton	0	6,769	0.0
Yale University Health Services ASC ¹	New Haven	0	1,100	0.0
All Facilities		4	220,381	1.8

¹ 2017 patient visits data. ² 2016 patient visits data.

**Appendix H. Adverse Event Reports by Event Type and Rate per 100,000 Visits
Ambulatory Surgical Centers and Pain Medicine Centers . Connecticut, 2020.***

	Adverse Event Reports by Event Type																												
Facility	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
Aesthetic Surg Center																													
Bloomfield ASC	1																												
Central Ct Endoscopy																													
Coastal Digestive Care																													
Conn Eye, South																													
Conn GI Endoscopy																													
Conn Orthopaedic																													
Conn Surgery																													
Constitution Surg, East			2																										
Danbury Surgical																													
Diagnostic Endoscopy																													
Digestive Dis Endosc																													
Eastern Ct Endoscopy																													
Endoscopy Center of Ct																													
Endoscopy, Fairfield																													
Endoscopy, Northwest																													
Evergreen Endoscopy																													
Eye Surgery Center																													
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Laser and Vision Surg																													
Litchfield Hills Surgery																													
Middlesex Endoscopy																													
Middlesex Orthopaedic																													
Milford Surgery(Ct Foot)																													
NE MG Gastroenterology																													
New Vision Cataract																													
North East Alliance Surg																													
North Haven Surgery																													
Norwalk Surgery																													
Orthopaedic Neurosurg																													
Orthopaedic Associates																													
River Valley/Ct Surg Arts																													
Rocky Hill Surgery Ctr																													
St Francis GI Endosc																													
Shoreline Colonoscopy																													
Shoreline Surgery																													
Southington Surgery																	1												
Speciality Surg Ctr																													
Split Rock Surgical																													
Surg Center Fairfield																													
Surg Center-Ct Hand																													

* Zero count cells are suppressed except in totals.

**Appendix H (continued). Adverse Event Reports by Event Type and Rate per 100,000 Visits
Ambulatory Surgical Centers and Pain Medicine Centers. Connecticut, 2020.***

Facility	Location	Reports	Patient Visits	per 100,000 Rate
Aesthetic Surgery Center	New Haven	0	325	0.0
Bloomfield ASC (formerly Dr. Felice's Youthful Images)	Bloomfield	1	4,878	20.5
Central Connecticut Endoscopy Center	Plainville	0	6,218	0.0
Coastal Digestive Care Center	New London	0	5,354	0.0
Connecticut Eye Surgery Center South	Milford	0	5,074	0.0
Connecticut GI Endoscopy	Bloomfield	0	4,842	0.0
Connecticut Orthopaedic	Hamden	0	3,923	0.0
Connecticut Surgery ³	Hartford	0	1,880	0.0
Constitution Eye Surgery Center East	Waterford	2	5,678	35.2
Danbury Surgical Center	Danbury	0	5,351	0.0
Diagnostic Endoscopy	Stamford	0	5,257	0.0
Digestive Disease Associates Endoscopy Suite ¹	Branford	0	2,326	0.0
Eastern Connecticut Endoscopy Center	Norwich	0	4,158	0.0
Endoscopy Center of Connecticut	Guilford/Hamden	0	6,717	0.0
Endoscopy Center of Fairfield, The	Fairfield	0	9,196	0.0
Endoscopy Center of Northwest Connecticut	Torrington	0	3,078	0.0
Evergreen Endoscopy Center	South Windsor	0	4,490	0.0
Eye Surgery Center, The	Bloomfield	0	2,050	0.0
Fairfield Surgery Center	Fairfield	0	1,698	0.0
Gary J. Price, M.D., Center for Aesthetic Surgery	Guilford	0	113	0.0
Glastonbury Endoscopy Center, LLC	Glastonbury	0	7,014	0.0
Glastonbury Surgery Center	Glastonbury	0	3,698	0.0
Guilford Surgery Ctr (formerly CT Ctr for Plastic Surg)	Guilford	0	1,835	0.0
Hartford Surgical Center	Hartford	0	2,965	0.0
Laser and Vision Surgery Center ²	Manchester	0	1,966	0.0
Litchfield Hills Surgery Center ³	Torrington	0	1,310	0.0
Middlesex Center for Advanced Orthopedic Surgery	Middletown	0	3,307	0.0
Middlesex Endoscopy Center	Middletown	0	4,552	0.0
Milford (Connecticut Foot) Surgery Center ²	Milford	0	354	0.0
NEMG Gastroenterology	Trumbull	0	4,739	0.0
New Vision Cataract Center	Norwalk	0	1,832	0.0
North East Alliance Surgery Center	Hamden	0	1,141	0.0
North Haven Surgery/Pain Medicine Center	North Haven	0	2,293	0.0
Norwalk Surgery Center	Norwalk	0	1,007	0.0
Orthopaedic & Neurosurgery Center of Greenwich (Stamford ASC)	Greenwich	0	4,354	0.0
Orthopedic Associates Surgery Center	Rocky Hill	0	6,072	0.0
Ortho Specialty Surgery Center	Danbury	0	1,530	0.0
River Valley Ambul Surg/Connecticut Surgical Arts	Norwich	0	3,200	0.0
Rocky Hill Surgery Center (CLOSED)	Rocky Hill	0	2,100	0.0
Saint Francis GI Endoscopy	Windsor	0	3,787	0.0
Shoreline Colonoscopy Suites	Old Saybrook	0	320	0.0
Shoreline Surgery Center ³	Guilford	0	7,794	0.0
Southington Surgery Center	Southington	1	2,960	33.8
Specialty Surgery Center	Stamford	0	1,628	0.0
Split Rock Surgical Associates ³	Wilton	0	227	0.0
Surgery Center of Fairfield County	Bridgeport	0	2,828	0.0
Surgical Center of CT-CT Hand	Bridgeport	0	2,655	0.0
Wallingford Surgery Center (Endoscopy)	Wallingford	0	6,050	0.0
Waterbury Outpatient Surgical Center (Refocus)	Waterbury	0	894	0.0
Waterbury Surgery Center	Waterbury	0	5,034	0.0
Western CT Ortho Surgical Ctr (formerly Hand Ctr)	Danbury	1	3,330	30.0
Wilton Surgery Center	Wilton	0	4,671	0.0
Yale University Health Services ASC	New Haven	0	1,100	0.0
All Facilities		5	181,153	2.8

¹ 2017 patient visits data. ² 2016 patient visits data. ³ 2019 patient visits data.

Appendix H. Adverse Event Reports by Event Type and Rate per 100,000 Visits
Ambulatory Surgical Centers and Pain Medicine Centers. Connecticut, 2021.*

	Adverse Event Reports by Event Type																												
Facility	1A	1B	1C	1D	1E	2A	2B	2C	3A	3B	3C	4A	4B	4C	4D	4E	4F	4G	4H	4I	5A	5B	5C	5D	6A	7A	7B	7C	7D
Aesthetic Surg Center																													
Bloomfield ASC			4																										
Central Ct Endoscopy																													
Coastal Digestive Care																													
Conn Eye, South																													
Conn Foot (Milford)																													
Conn GI Endoscopy																													
Conn Orthopaedic																													
Conn Surgery																													
Constitution Surg, East			1																										
Danbury Surgical																													
Diagnostic Endoscopy																													
Digestive Dis Endosc																													
Eastern Ct Endoscopy																													
Endoscopy Center of Ct																													
Endoscopy, Fairfield																													
Endoscopy, Northwest																													
Evergreen Endoscopy																													
Eye Surgery Center																													
Fairfield Surgery																													
Gary J. Price MD																													
Glastonbury Endoscopy																													
Glastonbury Surgery																													
Guilford ASC																													
Hartford Surgical																													
Laser and Vision Surg																													
Lighthouse Surgery																													
Litchfield Hills Surgery																													
Middlesex Endoscopy																													
Middlesex Orthopedic	1																												
NEMG Gastroenterology																													
New Vision Cataract																													
North East Alliance Surg																													
North Haven Surgery																													
Norwalk Surgery																													
Orthopaedic Neurosurg																													
Orthopedic Associates	1																												
Ortho Speciality Surgery																													
River Valley/Ct Surg Arts																													
Rocky Hill Surgery Ctr																													
St Francis GI Endosc																													
Shoreline Colonoscopy																													
Shoreline Surgery																													
Southington Surgery			1																										
Speciality Surg Ctr																													
Split Rock Surgical																													
Surg Center Fairfield																			</										

* Zero count cells are suppressed except in totals.

Appendix H (continued). Adverse Event Reports by Event Type and Rate per 100,000 Visits				
Ambulatory Surgical Centers and Pain Medicine Centers. Connecticut, 2021.*				
Facility	Location	Reports	Patient Visits	per 100,000 Rate
Aesthetic Surgery Center	New Haven	0	625	0.0
Bloomfield ASC (formerly Dr. Felice's Youthful Images)	Bloomfield	4	6,002	66.6
Central Connecticut Endoscopy Center	Plainville	0	8,104	0.0
Coastal Digestive Care Center	New London	0	6,349	0.0
Connecticut Eye Surgery Center South ¹	Milford	0	5,074	0.0
Connecticut Foot Surgery Center (Milford Surgery-CT Ortho Surgery Center)	Milford	0	1,602	0.0
Connecticut GI Endoscopy	Bloomfield	0	7,480	0.0
Connecticut Orthopaedic	Hamden	0	4,556	0.0
Connecticut Surgery	Hartford	0	4,743	0.0
Constitution Eye Surgery Center East	Waterford	1	7,070	14.1
Danbury Surgical Center	Danbury	0	6,763	0.0
Diagnostic Endoscopy ¹	Stamford	0	5,257	0.0
Digestive Disease Associates Endoscopy Suite	Branford	0	2,677	0.0
Eastern Connecticut Endoscopy Center	Norwich	0	5,471	0.0
Endoscopy Center of Connecticut	Guilford/Hamden	0	8,621	0.0
Endoscopy Center of Fairfield, The	Fairfield	0	10,421	0.0
Endoscopy Center of Northwest Connecticut	Torrington	0	4,497	0.0
Evergreen Endoscopy Center ¹	South Windsor	0	4,490	0.0
Eye Surgery Center, The	Bloomfield	0	1,324	0.0
Fairfield Surgery Center	Fairfield	0	1,890	0.0
Gary J. Price, M.D., Center for Aesthetic Surgery ¹	Guilford	0	113	0.0
Glastonbury Endoscopy Center, LLC	Glastonbury	0	8,692	0.0
Glastonbury Surgery Center	Glastonbury	0	3,922	0.0
Guilford Surgery Ctr	Guilford	0	2,308	0.0
Hartford Surgical Center	Hartford	0	3,219	0.0
Laser and Vision Surgery Center ²	Manchester	0	1,966	0.0
Lighthouse Surgery Center	Hartford	0	4,698	0.0
Litchfield Hills Surgery Center	Torrington	0	1,427	0.0
Middlesex Endoscopy Center ¹	Middletown	0	4,552	0.0
Middlesex Center for Advanced Orthopedic Surgery	Middletown	1	3,487	28.7
NEMG Gastroenterology	Trumbull	0	6,418	0.0
New Vision Cataract Center	Norwalk	0	2,557	0.0
North East Alliance Surgery Center ¹	Hamden	0	1,141	0.0
North Haven Surgery/Pain Medicine Center	North Haven	0	2,337	0.0
Norwalk Surgery Center	Norwalk	0	1,029	0.0
Orthopaedic & Neurosurgery Center of Greenwich (Stamford ASC)	Greenwich	0	5,017	0.0
Orthopedic Associates Surgery Center	Rocky Hill	1	8,585	11.6
Ortho Specialty Surgery Center ¹	Danbury	0	1,530	0.0
River Valley Ambul Surg/Connecticut Surgical Arts ¹	Norwich	0	3,200	0.0
Rocky Hill Surgery Center	Rocky Hill	0	4,471	0.0
Saint Francis GI Endoscopy ¹	Windsor	0	3,787	0.0
Shoreline Colonoscopy Suites	Old Saybrook	0	674	0.0
Shoreline Surgery Center ³	Guilford	0	7,794	0.0
Southington Surgery Center	Southington	1	3,312	30.2
Specialty Surgery Center	Stamford	0	1,914	0.0
Split Rock Surgical Associates ³	Wilton	0	227	0.0
Surgery Center of Fairfield County	Bridgeport	0	3,139	0.0
Surgical Center of CT-CT Hand	Bridgeport	0	2,854	0.0
Wallingford Surgery Center (Endoscopy)	Wallingford	0	7,861	0.0
Waterbury Outpatient Surgical Center (Refocus)	Waterbury	0	1,171	0.0
Waterbury Surgery Center	Waterbury	0	5,967	0.0
Western CT Ortho Surgical Ctr	Danbury	0	4,015	0.0
Wilton Surgery Center ¹	Wilton	0	4,671	0.0
Yale University Health Services ASC ¹	New Haven	0	1,100	0.0
All Facilities		8	222,171	3.6

¹ 2020 patient visits data. ² 2016 patient visits data. ³ 2019 patient visits data.

Appendix H (continued). Adverse Event Reports by Event Type and Rate per 100,000 Visits Ambulatory Surgical Centers and Pain Medicine Centers. Connecticut, 2022.*				
Facility	Location	Reports	Patient Visits	per 100,000 Rate
Aesthetic Surgery Center	New Haven	0	406	0.0
Bloomfield ASC (formerly Dr. Felice's Youthful Images)	Bloomfield	0	6,577	0.0
Central Connecticut Endoscopy Center	Plainville	0	8,543	0.0
Coastal Digestive Care Center	New London	0	6,506	0.0
Connecticut Eye Surgery Center South ¹	Milford	0	5,074	0.0
Connecticut Foot Surgery Center (Milford Surgery-CT Ortho Surgery Center) ⁴	Milford	0	1,602	0.0
Connecticut GI Endoscopy	Bloomfield	0	8,464	0.0
Connecticut Orthopaedic	Hamden	1	4,056	24.7
Connecticut Surgery ⁴	Hartford	0	4,743	0.0
Constitution Eye Surgery Center East ⁴	Waterford	0	7,070	0.0
Danbury Surgical Center	Danbury	0	6,974	0.0
Diagnostic Endoscopy	Stamford	0	7,800	0.0
Digestive Disease Associates Endoscopy Suite	Branford	0	3,139	0.0
Eastern Connecticut Endoscopy Center ⁴	Norwich	0	5,471	0.0
Endoscopy Center of Connecticut	Guilford/Hamden	0	2,156	0.0
Endoscopy Center of Fairfield, The	Fairfield	0	12,408	0.0
Endoscopy Center of Northwest Connecticut	Torrington	0	4,744	0.0
Evergreen Endoscopy Center	South Windsor	0	7,333	0.0
Eye Surgery Center, The	Bloomfield	0	1,322	0.0
Fairfield Surgery Center ⁴	Fairfield	0	1,890	0.0
Glastonbury Endoscopy Center, LLC	Glastonbury	0	8,783	0.0
Glastonbury Surgery Center	Glastonbury	1	3,864	25.9
Guilford Surgery Ctr ⁴	Guilford	0	2,308	0.0
Hartford Surgical Center	Hartford	1	3,127	32.0
Laser and Vision Surgery Center ²	Manchester	0	1,966	0.0
Lighthouse Surgery Center	Hartford	0	5,451	0.0
Litchfield Hills Surgery Center ⁴	Torrington	0	1,427	0.0
Middlesex Endoscopy Center	Middletown	0	7,147	0.0
Middlesex Center for Advanced Orthopedic Surgery	Middletown	0	3,133	0.0
NEMG Gastroenterology	Trumbull	0	6,437	0.0
New Vision Cataract Center ⁴	Norwalk	0	2,557	0.0
North East Alliance Surgery Center ¹	Hamden	1	1,141	87.6
North Haven Surgery/Pain Medicine Center ⁴	North Haven	0	2,337	0.0
Norwalk Surgery Center	Norwalk	0	1,823	0.0
Orthopaedic & Neurosurgery Center of Greenwich (Stamford ASC)	Greenwich	0	5,220	0.0
Orthopedic Associates Surgery Center	Rocky Hill	0	9,492	0.0
Ortho Specialty Surgery Center	Danbury	0	2,417	0.0
River Valley Ambul Surg/Connecticut Surgical Arts	Norwich	0	4,503	0.0
Rocky Hill Surgery Center ⁴	Rocky Hill	0	4,471	0.0
Sasco Hill Surgery Center	Southport	0	100	0.0
Saint Francis GI Endoscopy	Windsor	0	7,122	0.0
Shoreline Colonoscopy Suites	Old Saybrook	0	674	0.0
Shoreline Surgery Center ³	Guilford	0	7,794	0.0
Southington Surgery Center ⁴	Southington	0	3,312	0.0
Southwest CT Surgery Center	Wilton	0	1,229	0.0
Specialty Surgery Center ⁴	Stamford	0	1,914	0.0
Split Rock Surgical Associates ³	Wilton	0	227	0.0
Surgery Center of Fairfield County ⁴	Bridgeport	1	3,139	31.9
Surgical Center of CT-CT Hand	Bridgeport	0	1,670	0.0
Wallingford Surgery Center (Endoscopy)	Wallingford	0	6,931	0.0
Waterbury Outpatient Surgical Center (Refocus)	Waterbury	2	1,515	132.0
Waterbury Surgery Center ⁴	Waterbury	0	5,967	0.0
Western CT Ortho Surgical Ctr	Danbury	1	3,929	25.5
Wilton Surgery Center ¹	Wilton	0	5,728	0.0
Yale University Health Services ASC ¹	New Haven	0	1,504	0.0
All Facilities		8	236,637	3.4

¹ 2020 patient visits data. ² 2016 patient visits data. ³ 2019 patient visits data. ⁴ 2021 patient visits data.

Appendix I.					
Primary Payer (%) of Inpatient Hospital Bills					
Acute Care Hospitals. Connecticut, CY 2019					
Hospital	Self Pay	Medicare	Medicaid	Blue Cross and Commercial	Other
William W. Backus Hospital	1.3	47.8	22.1	13.9	15.0
Bridgeport Hospital	3.3	41.7	29.9	18.9	6.2
Bristol Hospital	1.6	48.3	25.3	17.1	7.7
Connecticut Children's Medical Center	0.6	0.4	53.6	27.4	18.0
Danbury and New Milford Hospitals	1.6	49.3	17.2	17.9	14.1
Day Kimball Healthcare	1.2	48.5	24.8	17.1	8.4
John Dempsey Hospital	0.6	43.1	25.8	6.9	23.6
Greenwich Hospital	5.4	34.1	4.3	41.2	15.0
Griffin Hospital	0.8	48.8	22.2	13.7	14.4
Hartford Hospital	1.3	43.4	23.0	14.2	18.2
Charlotte Hungerford Hospital	1.1	55.5	22.9	10.7	9.8
Hospital of Central Connecticut	1.2	44.3	27.5	11.5	15.5
Johnson Memorial Hospital	1.4	44.4	28.4	4.3	21.5
Lawrence and Memorial Hospital	3.1	46.2	21.7	20.6	8.4
Manchester Memorial Hospital	1.5	38.8	25.2	14.1	20.5
Middlesex Hospital	1.2	41.1	16.6	17.9	23.2
Milford Hospital	1.3	66.3	8.5	11.0	12.9
MidState Medical Center	0.9	49.6	20.9	12.6	16.0
Norwalk Hospital	2.5	47.5	19.4	13.2	17.4
Rockville General Hospital	0.8	60.6	18.1	9.8	10.7
Saint Francis Hospital	1.6	46.2	23.8	4.4	24.1
Saint Mary's Hospital	2.0	49.2	28.2	4.5	16.2
Saint Vincent's Medical Center	3.6	44.2	25.2	13.0	14.0
Sharon Hospital	0.0	57.5	10.1	10.4	22.0
Stamford Hospital	1.0	36.8	25.1	18.1	19.0
Waterbury Hospital	1.4	45.0	32.2	11.4	10.0
Windham Community Memorial Hospital	1.0	61.7	18.5	8.9	9.9
Yale-New Haven Hospital	2.9	37.9	24.9	24.3	10.1
Total	2.1%	42.9%	23.8%	16.6%	14.6%
Data Source: DPH Environmental & Occupational Health Assessment Section.					

Appendix I (continued).					
Primary Payer (%) of Bills,					
Hospices, Chronic Disease Hospitals, and Hospitals for Mentally Ill Persons.					
Connecticut, 2019.					
Facility	Self Pay	Medicare	Medicaid	Blue Cross and Commercial	Other
The Connecticut Hospice		74.3	2.6	23.1	
Gaylord Hospital		48.1	8.5	41.5	1.9
Hebrew Home and Hospital		86.5	5.8	7.7	
The Hospital for Special Care	0.1	10.6	79.4	9.9	
Masonicare Health Center, Chronic Disease Hospital	0.1	53.2		46.8	
Mount Sinai Rehabilitation Hospital		65.2	18.0	15.7	1.1
Levitow Veterans Health Center			74.0		26.0
Masonicare Behavioral Health		52.5		47.5	
Natchaug Hospital	1.0	13.0	33.0	32.0	21.0
Silver Hill Hospital	3.5	10.4		86.1	
Whiting Forensic					100.0

**Appendix I (continued). Case Mix or Primary Payer (%) of Bills
Ambulatory Surgical Centers, Pain Medicine Centers, Fertility Centers,
and Outpatient Childbirth Centers. Connecticut, 2019.**

Facility	Self Pay	Medicare	Medicaid	Blue Cross and Commercial	Other
Connecticut Childbirth & Women's Center	7.6%		21.9%	70.5%	
Aesthetic Surg Center ³	60.0%			40.0%	
Bloomfield ASC (formerly Dr Felice Youth Images)	20.0%	32.3%	8.2%	57.6%	1.6%
Center for Advanced Reproductive Services	20.0%			80.0%	
Central Connecticut Endoscopy Center	0.1%	32.8%	6.7%	60.2%	0.1%
Coastal Digestive Care Center		17.0%	11.0%	68.0%	3.0%
Connecticut Eye Surgery Center South	6.0%	34.0%	1.0%	28.0%	31.0%
Conn GI Endoscopy	10.0%	11.1%	5.0%	83.4%	
Conn Orthopaedic		23.6%	10.0%	31.4%	44.7%
Conn Surgery	10.0%	34.3%	11.3%	17.0%	37.0%
Constitution Eye Surgery Center, East	0.2%	53.1%	3.9%	35.7%	7.1%
Danbury Surgical Center ² See prior reports for data					
Diagnostic Endoscopy ¹	0.1%	21.0%		78.5%	
Digestive Dis Endosc	5.0%	65.0%	5.0%	25.0%	
Eastern Ct Endoscopy ¹	0.1%	20.4%	15.7%	40.2%	54.6%
Endoscopy Center of Ct	0.1%	27.7%	8.9%	63.2%	
Endoscopy, Fairfield	0.3%	15.3%		72.8%	11.3%
Endoscopy, Northwest	0.1%	17.2%	9.3%	72.7%	
Evergreen Endoscopy		21.0%	11.2%	67.0%	0.8%
Eye Surgery Center ¹ See prior reports for data					
Fairfield Surgery ¹ See prior reports for data					
Gary J. Price, M.D., Center for Aesthetic Surgery	100.0%				
Glastonbury Endoscopy	0.1%	11.0%	4.3%	84.5%	
Glastonbury Surgery	13.0%	26.3%	4.4%	59.4%	9.8%
Guilford Surgery Center	8.0%	20.0%	18.0%	52.0%	2.0%
Hartford Surgical	0.2%	25.0%	10.1%	55.3%	9.5%
Laser and Vision Surg ³	1.0%	58.0%	4.0%	29.0%	8.0%
Litchfield Hills Surgery	0.0%	20.0%	2.2%	62.2%	15.0%
Middlesex Endoscopy		15.6%	7.3%	76.4%	
Middlesex Orthopedic	14.0%	16.8%	2.2%	26.8%	54.1%
Milford (Ct Foot) Surgery Center ³	2.0%	25.0%	3.0%	70.0%	
NEMG Gastro	4.0%	37.0%	11.0%	15.0%	33.0%
New England Fertility ⁴	80.0%			20.0%	
New Vision Cataract	13.0%	35.0%	6.0%	29.0%	17.0%
North East Alliance Surgery Center ⁵					
North Haven Surgery	0.1%	19.8%	22.3%	53.4%	2.8%
Norwalk Surgery	0.5%	34.5%	7.5%	56.0%	1.5%
Orthopaedic Neurosurg (Stamford ASC)	0.4%	26.2%		67.0%	6.2%
Orthopedic Associates		37.0%	2.6%	48.0%	12.2%
Reproductive Medicine	20.0%			80.0%	
River Valley/Ct Surg Arts	1.0%	12.0%	10.0%	56.0%	21.0%
Rocky Hill Surg Center		8.3%		91.6%	
St Francis GI Endosc		23.8%	2.2%		73.9%
Shoreline Colonoscopy		15.0%	1.8%	83.2%	
Southington Surgery ¹	0.2%	30.2%	3.1%	55.3%	11.1%
Shoreline Surgery		28.8%	1.7%	69.3%	0.1%
Specialty Surgery Ctr ²	<1%	11.0%	1.0%	88.0%	<1%
Split Rock Surgical	92.5%			7.4%	
Surg Center Fairfield ¹	3.0%	28.0%	5.0%	15.0%	49.0%
Surg Center-Ct Hand ²	5.0%	23.0%	10.0%	55.0%	7.0%
Wallingford Surgery Center	0.1%	10.7%	15.7%	73.1%	
Waterbury Outpatient	1.4%	66.9%	15.2%	16.0%	
Waterbury Surgery Center	1.0%	22.0%	13.0%	26.0%	38.0%
Western CT Ortho Surg	0.1%	25.0%	0.1%	21.6%	52.0%
Wilton Surgery	1.0%	45.0%	8.0%	45.0%	1.0%
Yale Health Services ¹					100.0%

¹ 2018 data. ² 2017 data. ³ 2016 data. ⁴ 2014 data. ⁵ 157 Plastic, 32 Ophthal., 38 Pain, 91 Podiatry, 48 Ortho.

Appendix I.					
Primary Payer (% of Inpatient Hospital Bills)					
Acute Care Hospitals. Connecticut, CY 2020					
Hospital	Self Pay	Medicare	Medicaid	Blue Cross and Commercial	Other
William W. Backus Hospital	1.5	46.1	24.8	14.4	13.2
Bridgeport Hospital	3.7	43.9	30.1	16.4	5.9
Bristol Hospital	2.5	44.6	27.1	16.8	9.1
Connecticut Children's Medical Center	0.6	0.7	57.2	25.0	16.6
Danbury and New Milford Hospitals	1.5	50.0	18.2	14.4	15.9
Day Kimball Healthcare	1.1	44.7	26.2	20.1	7.9
John Dempsey Hospital	0.4	41.6	25.2	4.1	28.7
Greenwich Hospital	5.3	31.2	5.2	43.3	15.0
Griffin Hospital	1.1	47.7	23.7	10.1	17.6
Hartford Hospital	2.5	42.6	23.1	14.2	17.6
Charlotte Hungerford Hospital	1.4	51.4	24.9	10.4	11.9
Hospital of Central Connecticut	3.3	42.8	27.8	12.4	13.7
Johnson Memorial Hospital	1.1	48.1	28.5	3.8	18.6
Lawrence and Memorial Hospital	2.7	45.7	23.0	20.3	8.3
Manchester Memorial Hospital	1.9	38.2	25.4	15.8	18.6
Middlesex Hospital	0.8	46.7	20.0	20.3	12.2
MidState Medical Center	2.0	50.5	20.6	12.3	14.7
Norwalk Hospital	1.5	46.3	22.2	12.6	17.5
Rockville General Hospital	0.6	57.7	18.2	13.2	10.3
Saint Francis Hospital	2.0	43.9	27.3	4.4	22.4
Saint Mary's Hospital	1.4	46.4	32.4	4.1	15.7
Saint Vincent's Medical Center	4.5	43.3	24.3	13.7	14.2
Sharon Hospital	0.0	50.2	9.7	12.4	27.8
Stamford Hospital	1.0	36.8	24.4	19.2	18.6
Waterbury Hospital	1.1	25.9	33.2	39.0	0.9
Windham Community Memorial Hospital	2.2	60.2	18.8	11.7	7.2
Yale-New Haven Hospital	4.8	37.7	27.7	23.2	6.7
Total	2.7%	41.6%	25.2%	17.2%	13.3%
Data Source: DPH Environmental & Occupational Health Assessment Section.					

Appendix I (continued).					
Primary Payer (%) of Bills,					
Hospices, Chronic Disease Hospitals, and Hospitals for Mentally Ill Persons.					
Connecticut, 2020.					
Facility	Self Pay	Medicare	Medicaid	Blue Cross and Commercial	Other
The Connecticut Hospice	2.1	49.1	3.4	9.6	35.7
Gaylord Hospital	0.5	50.0	10.3	34.3	4.8
Hebrew Home and Hospital	0.6	69.5	6.1		23.7
The Hospital for Special Care	0.0	9.5	80.8	9.6	
Masonicare Health Center, Chronic Disease Hospital		71.1		28.9	
Mount Sinai Rehabilitation Hospital		60.1	20.8	12.9	6.1
Masonicare Behavioral Health	3.3	73.8		22.9	
Natchaug Hospital		17.0	29.0	29.0	25.0
Silver Hill Hospital	7.7	10.4		81.9	
Whiting Forensic					100.0
Hospice data shown are inpatient days; 48796 home visit days not included.					

**Appendix I (continued). Case Mix or Primary Payer (%) of Bills
Ambulatory Surgical Centers, Pain Medicine Centers, Fertility Centers,
and Outpatient Childbirth Centers. Connecticut, 2020.**

Facility	Self Pay	Medicare	Medicaid	Blue Cross and Commercial	Other
Connecticut Childbirth & Women's Center ⁵	7.6%		21.9%	70.5%	
Aesthetic Surg Center	75.0%	20.0%			5.0%
Bloomfield ASC (formerly Dr Felice Youth Images)	0.0	42.0%	8.0%	50.0%	
Center for Advanced Reproductive Services	20.0%			70.0%	
Central Connecticut Endoscopy Center	0.1%	30.0%	9.0%	59.0%	0.4%
Coastal Digestive Care Center		15.0%	12.0%	69.0%	3.0%
Connecticut Eye Surgery Center South	0.1%	31.7%	3.7%	20.1%	44.4%
Conn GI Endoscopy	33.0	19.0%	15.0%	33.0%	
Conn Orthopaedic	0.0	22%	0.0	31%	46%
Conn Surgery ⁵	10.0%	34.3%	11.3%	17.0%	37.0%
Constitution Eye Surgery Center, East	0.0%	50.4%	3.4%	39.0%	7.0%
Danbury Surgical Center	2.0	44.0	6.0	43.0	1.0
Diagnostic Endoscopy	0.0	21%		78%	
Digestive Dis Endoscopy	1.0%	15.0%	4.0%	29.0%	51.0%
Eastern Ct Endoscopy	0.3	21.2%	16.9%	61.9%	
Endoscopy Center of Ct	2.0%	29.0%	8.0%	61.0%	
Endoscopy, Fairfield	0.5%	15.2%		74.6%	9.5%
Endoscopy, Northwest	0.8%	33.9%	10.2%	55.0%	
Evergreen Endoscopy		21.1%	11.9%	67.0%	
Eye Surgery Center	1.0	29.5%	2.4%	22.0%	45.0%
Fairfield Surgery ¹					
Gary J. Price, M.D., Center for Aesthetic Surgery	100.0%				
Glastonbury Endoscopy	34.0%	18.0%	14.0%	35.0%	
Glastonbury Surgery		24.0%	5.0%	61.0%	10.0%
Guilford Surgery Center	3.0%	18.0%	3.0%	61.0%	16.0%
Hartford Surgical	0.1%	17.9%	10.2%	64.6%	7.3%
Laser and Vision Surg ³	1.0%	58.0%	4.0%	29.0%	8.0%
Litchfield Hills Surgery ⁵	0.0%	20.0%	2.2%	62.2%	15.0%
Middlesex Endoscopy	0.4%	26.9%	7.6%	65.0%	0.5%
Middlesex Orthopaedic	0.0	25.5%	3.6%	66.0%	4.6%
Milford (Ct Foot) Surgery Center ³	2.0%	25.0%	3.0%	70.0%	
NEMG Gastro		37.0%	4.0%	32.0%	27.0%
New England Fertility ⁴	80.0%			20.0%	
New Vision Cataract	11.6%	28.2%	8.8%	2.6%	48.8%
North East Alliance Surgery Center	28.0%	34.0%		27.0%	9.0%
North Haven Surgery	0.3%	22.3%	21.8%	53.6%	1.7%
Norwalk Surgery	17.0%	22.8%	5.5%	54.6%	0.0%
Orthopaedic Neurosurg (Stamford ASC)		29.0%		65.0%	6.0%
Orthopaedic Associates		45.5%	3.6%	36.7%	14.2%
Ortho Specialty Surgery Center	4.0	28.0%	1.0%	48.0%	19.0%
Reproductive Medicine ⁵	20.0%			80.0%	
River Valley/Ct Surg Arts	5.0%	10.0%	9.0%	55.0%	21.0%
Rocky Hill Surg Center	1.0%	75.0%	4.0%	18.0%	2.0%
St Francis GI Endoscopy		25.5%	2.7%	71.8%	
Shoreline Colonoscopy		6.0%	0.6%	24.0%	69.4
Southington Surgery		22.5%	6.7%	60.8%	9.9%
Shoreline Surgery ⁵		28.8%	1.7%	69.3%	0.1%
Specialty Surgery Ctr ²	< 1%	11.0%	1.0%	88.0%	< 1%
Split Rock Surgical ⁵	92.5%			7.4%	
Surg Center Fairfield	1.0%	14.0%	4.0%	18.0%	63.0%
Surg Center-Ct Hand	0.7%	29.6%	6.3%	48.1%	17.3%
Wallingford Surgery Center	0.3%	9.7%	20.6%	69.2%	
Waterbury Outpatient (Refocus)	13.0%	65.0%	8.0%	14.0%	1.0%
Waterbury Surgery Center	0.5%	38.9%	11.7%	24.7%	19.9%
Western CT Ortho Surg	0.5%	23.7%	0.5%	69.0%	6.4%
Wilton Surgery	1.9%	48.8%	6.7%	41.2%	1.4%
Yale Health Services					100.0

¹ 89% Ortho, 10% pain, 1% neuro. ² 2017 data. ³ 2016 data. ⁴ 2014 data. ⁵ 2019 data.

Appendix I.					
Primary Payer (%) of Inpatient Hospital Bills					
Acute Care Hospitals. Connecticut, CY 2021					
Hospital	Self Pay	Medicare	Medicaid	Blue Cross and Commercial	Other
William W. Backus Hospital	1.3	45.8	26.5	13.7	12.7
Bridgeport Hospital	3.8	44.5	29.0	18.3	4.4
Bristol Hospital	1.9	45.6	27.0	18.4	7.1
Connecticut Children's Medical Center	0.7	0.7	58.3	23.3	17.0
Danbury and New Milford Hospitals	1.3	48.0	18.5	16.9	15.4
Day Kimball Healthcare	1.3	43.4	27.0	21.3	7.0
John Dempsey Hospital	0.5	39.8	25.6	5.3	28.8
Greenwich Hospital	5.3	31.2	5.0	43.8	14.8
Griffin Hospital	0.9	49.8	22.5	10.8	15.9
Hartford Hospital	1.9	43.9	23.6	14.5	16.2
Charlotte Hungerford Hospital	1.5	50.2	24.0	11.8	12.6
Hospital of Central Connecticut	1.8	43.0	28.6	13.1	13.5
Johnson Memorial Hospital	1.0	49.4	27.0	2.9	19.8
Lawrence and Memorial Hospital	2.8	46.0	22.0	21.3	7.9
Manchester Memorial Hospital	2.1	37.5	26.5	16.5	17.5
Middlesex Hospital	1.0	49.5	19.1	22.0	8.3
MidState Medical Center	2.2	48.7	22.5	13.6	13.0
Norwalk Hospital	1.8	45.6	21.4	15.1	16.2
Rockville General Hospital ¹	0.6	57.7	18.2	13.2	10.3
Saint Francis Hospital	1.7	42.9	29.0	4.7	21.7
Saint Mary's Hospital	1.6	46.5	31.7	4.4	15.8
Saint Vincent's Medical Center	3.4	42.3	27.0	12.9	14.4
Sharon Hospital	2.9	47.6	9.8	28.8	10.9
Stamford Hospital	1.2	37.1	23.6	21.3	16.8
Waterbury Hospital	1.3	27.0	27.3	43.2	1.3
Windham Community Memorial Hospital	2.3	62.5	17.6	10.5	7.1
Yale-New Haven Hospital	5.1	37.7	27.3	23.7	6.2
Total	2.6%	41.7%	25.2%	18.1%	12.5%
¹ 2020 insurance data					
Data Source: DPH Environmental & Occupational Health Assessment Section.					

Appendix I (continued).					
Primary Payer (%) of Bills,					
Hospices, Chronic Disease Hospitals, and Hospitals for Mentally Ill Persons.					
Connecticut, 2021.					
Facility	Self Pay	Medicare	Medicaid	Blue Cross and Commercial	Other
The Connecticut Hospice	1.0	60.7	5.4	7.1	25.9
Gaylord Hospital	0.2	46.4	9.0	40.0	4.5
Hebrew Home and Hospital	0.1	61.7	5.0	32.3	
The Hospital for Special Care	0.4	10.4	79.2	10.0	
Mount Sinai Rehabilitation Hospital		59.1	21.9	17.4	1.6
Masonicare Behavioral Health	0.1	75.8	0.0	24.1	
Natchaug Hospital	0.2	15.0	33.0	27.0	24.0
Silver Hill Hospital	66.0	3.0	0.0	3.0	28.0
Whiting Forensic					100.0
Hospice data shown are inpatient days; home visit days not included.					

Appendix I (continued). Case Mix or Primary Payer (%) of Bills Ambulatory Surgical Centers, Pain Medicine Centers, Fertility Centers, and Outpatient Childbirth Centers. Connecticut, 2021.					
Facility	Self Pay	Medicare	Medicaid	Blue Cross and Commercial	Other
Connecticut Childbirth & Women's Center	5.0		31.0	64.0	
Aesthetic Surg Center	85.0			15.0	
Bloomfield ASC (formerly Dr Felice Youth Images)	0.4	54.0	8.0	30.0	7.0
Center for Advanced Reproductive Services	20.0			80.0	
Central Connecticut Endoscopy Center	10.0	30.2	9.3	60.4	
Coastal Digestive Care Center	<1%	32.0	14.0	51.0	4.0
Connecticut Eye Surgery Center South ¹	0.1	31.7	3.7	20.1	44.4
Connecticut Foot Surgery Center (Milford)		12.0	5.0	59.0	24.0
Conn GI Endoscopy	1.0	10.2	5.6	83.2	
Conn Orthopaedic		28.0		25.0	47.0
Conn Surgery	2.0	13.0	7.0	75.0	3.0
Constitution Eye Surgery Center, East	0.4	50.8	3.9	30.4	14.0
Danbury Surgical Center	2.8	44.0	6.6	16.6	30.0
Diagnostic Endoscopy ¹		21.0		78.0	
Digestive Dis Endosc (100% gastro)					
Eastern Ct Endoscopy	1.0	27.5	12.0	31.5	28.0
Endoscopy Center of Ct		27.0	12.0	62.0	
Endoscopy, Fairfield (100% gastro)					
Endoscopy, Northwest	50.0	32.6	10.5	56.4	
Evergreen Endoscopy ¹		21.1	11.9	67.0	
Eye Surgery Center	1.0	36.0	4.0	29.0	30.0
Fairfield Surgery		20.0	1.0	65.0	14.0
Gary J. Price, M.D., Center for Aesthetic Surgery ¹	100.0				
Glastonbury Endoscopy	1.0	19.0	6.0	74.0	
Glastonbury Surgery		27.9	6.0	56.8	9.0
Guilford Surgery Center	2.4	17.0	3.1	28.6	48.8
Hartford Surgical		26.0	12.0	55.0	7.0
Laser and Vision Surg ³	1.0	58.0	4.0	29.0	8.0
Lighthouse Surgery		22.0	7.0	62.0	8.0
Litchfield Hills Surgery	0.7	36.3	3.1	59.9	
Middlesex Endoscopy ¹	0.4	26.9	7.6	65.0	4.6
Middlesex Orthopedic	10.0	23.9	3.1	70.4	2.5
NEMG Gastro	0.7	48.1	15.7	20.0	14.8
New England Fertility ⁴	80.0			20.0	
New Vision Cataract	2.0	31.0	11.8	20.0	54.0
North East Alliance Surgery Center ¹	28.0	34.0		27.0	9.0
North Haven Surgery	1.0	24.0	20.0	53.0	2.0
Norwalk Surgery	14.0	29.0	7.1	50.0	
Orthopaedic Neurosurg (Stamford ASC)		32.0		63.0	5.0
Orthopedic Associates		40.0	2.7	46.4	11.5
Ortho Specialty Surgery Center ¹	4.0	28.0	1.0	48.0	19.0
Reproductive Medicine	25.0			75.0	
River Valley/Ct Surg Arts ¹	5.0	10.0	9.0	55.0	21.0
Rocky Hill Surg Center	0.2	73.7	5.1	21.1	
St Francis GI Endosc ¹		25.5	2.7	71.8	
Shoreline Colonoscopy		22.0	3.0	75.0	
Southington Surgery		30.0	4.0	55.0	12.0
Shoreline Surgery ²		28.8	1.7	69.3	0.1
Specialty Surgery Ctr	2.0	16.0	1.0	79.0	2.0
Split Rock Surgical ²	92.5			7.4	
Surg Center Fairfield	12.0	30.0	5.0	24.0	28.9
Surg Center-Ct Hand	0.3	29.8	5.7	49.0	10.0
Wallingford Surgery Center	0.3	8.7	18.4	72.6	
Waterbury Outpatient (Refocus)	13.0	59.0	12.0	15.0	1.0
Waterbury Surgery Center	0.1	40.1	10.5	43.4	6.2
Western CT Ortho Surg	0.3	26.6	0.6	67.1	5.4
Wilton Surgery ¹	1.9	48.8	6.7	41.2	1.4
Yale Health Services ¹					100.0

¹ 2020 data. ² 2019 data. ³ 2016 data. ⁴ 2014 data.

Appendix I.					
Primary Payer (%) of Inpatient Hospital Bills					
Acute Care Hospitals. Connecticut, CY 2022					
Hospital	Self Pay	Medicare	Medicaid	Blue Cross and Commercial	Other
William W. Backus Hospital	1.2	47.8	24.6	15.0	11.4
Bridgeport Hospital	3.8	45.9	27.3	18.6	4.4
Bristol Hospital	2.1	47.4	26.7	17.3	6.6
Connecticut Children's Medical Center	0.9	0.3	56.0	24.9	17.9
Danbury and New Milford Hospitals	1.2	49.9	18.4	17.9	12.7
Day Kimball Healthcare	1.0	47.2	25.3	20.3	6.3
John Dempsey Hospital	0.4	40.3	26.2	4.0	29.1
Greenwich Hospital	5.6	30.4	4.8	45.5	13.7
Griffin Hospital	1.1	51.3	23.9	9.6	14.1
Hartford Hospital	1.7	44.7	23.4	15.4	14.9
Charlotte Hungerford Hospital	0.8	55.3	22.6	11.0	10.3
Hospital of Central Connecticut	1.4	46.1	27.3	13.4	11.9
Johnson Memorial Hospital	0.8	53.6	23.9	2.5	19.1
Lawrence and Memorial Hospital	3.2	46.9	21.7	20.1	8.1
Manchester Memorial Hospital	2.3	36.2	27.0	18.3	16.3
Middlesex Hospital	0.9	51.0	19.3	21.5	7.4
MidState Medical Center	1.3	51.3	22.3	13.3	11.9
Norwalk Hospital	2.0	50.3	21.2	14.1	12.4
Rockville General Hospital	1.3	62.7	20.6	6.6	8.8
Saint Francis Hospital	1.9	44.1	29.2	4.7	20.2
Saint Mary's Hospital	2.4	46.5	33.0	3.7	14.4
Saint Vincent's Medical Center	2.6	42.4	27.0	13.2	14.7
Sharon Hospital	2.4	47.9	9.1	29.0	11.5
Stamford Hospital	1.5	37.8	23.4	20.9	16.5
Waterbury Hospital	1.2	27.0	36.4	34.4	1.0
Windham Community Memorial Hospital	1.3	65.3	16.5	10.3	6.5
Yale-New Haven Hospital	5.4	37.6	27.3	24.0	5.7
Total	2.6%	42.4%	25.2%	18.2%	11.6%
Data Source: DPH Environmental & Occupational Health Assessment Section.					

Appendix I (continued).					
Primary Payer (%) of Bills,					
Hospices, Chronic Disease Hospitals, and Hospitals for Mentally Ill Persons.					
Connecticut, 2022.					
Facility	Self Pay	Medicare	Medicaid	Blue Cross and Commercial	Other
The Connecticut Hospice	0.4	55.3	8.2	10.2	25.9
Gaylord Hospital	0.8	43.3	14.3	36.8	4.8
Hebrew Home and Hospital	0.0	60.3	5.6	34.1	
The Hospital for Special Care		9.3	79.8	10.9	
Mount Sinai Rehabilitation Hospital	0.5	64.2	24.3	10.4	0.6
Masonicare Behavioral Health		68.1		31.9	
Natchaug Hospital					
Silver Hill Hospital	11.0	4.0		85.0	
Whiting Forensic					100.0
Hospice data shown are inpatient days; home visit days not included.					

Appendix I (continued). Case Mix or Primary Payer (%) of Bills Ambulatory Surgical Centers, Pain Medicine Centers, Fertility Centers, and Outpatient Childbirth Centers. Connecticut, 2022.					
Facility	Self Pay	Medicare	Medicaid	Blue Cross and Commercial	Other
Connecticut Childbirth & Women's Center ⁵	5.0		31.0	64.0	
Aesthetic Surg Center	80.0				20.0
Bloomfield ASC (formerly Dr Felice Youth Images)	3.0	54.0	7.0	36.0	
Center for Advanced Reproductive Services ⁵	20.0			80.0	
Central Connecticut Endoscopy Center	1.0	23.0	9.0	64.0	3.0
Coastal Digestive Care Center	1.0	28.0	11.0	58.0	3.0
Connecticut Eye Surgery Center South ¹	0.1	31.7	3.7	20.1	44.4
Connecticut Foot Surgery Center (Milford) ⁵		12.0	5.0	59.0	24.0
Conn GI Endoscopy	1.0	8.7	6.4	83.9	
Conn Orthopaedic		15.6	1.0	38.3	43.8
Conn Surgery ⁵	2.0	13.0	7.0	75.0	3.0
Constitution Eye Surgery Center, East ⁵	0.4	50.8	3.9	30.4	14.0
Danbury Surgical Center	2.0	4.0	7.0	17.0	31.0
Diagnostic Endoscopy ¹	1.0	15.0		84.0	
Digestive Dis Endosc (100% gastro)		33.7	4.9	59.2	2.2
Eastern Ct Endoscopy ⁵	1.0	27.5	12.0	31.5	28.0
Endoscopy Center of Ct		19.0	9.0	61.0	11.0
Endoscopy, Fairfield (100% gastro)	0.1	12.3		84.0	
Endoscopy, Northwest	1.0	13.0	10.0	75.0	1.0
Evergreen Endoscopy ¹	0.2	13.0	9.5	76.9	0.4
Eye Surgery Center	1.0	38.0	4.0	21.0	38.0
Fairfield Surgery ⁵		20.0	1.0	65.0	14.0
Glastonbury Endoscopy	2.6	8.7	5.8	82.8	
Glastonbury Surgery	0.1	31.4	6.1	53.2	9.2
Guilford Surgery Center ⁵	2.4	17.0	3.1	28.6	48.8
Hartford Surgical	0.2	37.4	10.8	43.1	8.4
Laser and Vision Surg ³	1.0	58.0	4.0	29.0	8.0
Lighthouse Surgery	0.1	30.0	6.0	57.0	7.0
Litchfield Hills Surgery ⁵	0.7	36.3	3.1	59.9	
Middlesex Endoscopy	0.1	25.1	7.5	66.9	0.4
Middlesex Orthopedic	0.1	25.5	2.6	69.8	2.0
NEMG Gastro		47.1	13.1	15.5	22.8
New England Fertility ⁴	80.0			20.0	
New Vision Cataract ⁵	2.0	31.0	11.8	20.0	54.0
North East Alliance Surgery Center ¹	28.0	34.0		27.0	9.0
North Haven Surgery ⁵	1.0	24.0	20.0	53.0	2.0
Norwalk Surgery	16.0	24.0	8.0	52.0	
Orthopaedic Neurosurg (Stamford ASC)		32.0		63.0	5.0
Orthopedic Associates		36.7	14.9	48.9	11.9
Ortho Specialty Surgery Center ¹	8.0	21.0	2.0	45.0	24.0
Reproductive Medicine ⁵	25.0			75.0	
River Valley/Ct Surg Arts ¹	4.0	10.0	10.0	31.0	45.0
Rocky Hill Surgry Center ⁵	0.2	73.7	5.1	21.1	
Sasco Hill Surgery Center	10.0	40.0	10.0	40.0	
St Francis GI Endosc ¹	0.1	27.5	3.6	68.8	
Shoreline Colonoscopy ⁵		22.0	3.0	75.0	
Southington Surgery ⁵		30.0	4.0	55.0	12.0
Shoreline Surgery ²		28.8	1.7	69.3	0.1
Southwest CT Surgery Center	0.6	33.7	7.9	53.5	4.2
Specialty Surgery Ctr ⁵	2.0	16.0	1.0	79.0	2.0
Split Rock Surgical ²	92.5			7.4	
Surg Center Fairfield ⁵	12.0	30.0	5.0	24.0	28.9
Surg Center-Ct Hand	0.5	27.5	6.6	52.8	12.6
Wallingford Surgery Center	1.0	7.0	17.0	73.0	2.0
Waterbury Outpatient (Refocus)	1.0	65.0	16.0	6.0	11.0
Waterbury Surgery Center ⁵	0.1	40.1	10.5	43.4	6.2
Western CT Ortho Surg	0.1	27.3	0.6	66.2	5.9
Wilton Surgery	3.0	49.0	6.0	25.0	6.0
Yale Health Services					100.0

¹ 2020 data. ² 2019 data. ³ 2016 data. ⁴ 2014 data. ⁵ 2021 data

Appendix J: Comments Submitted by Facilities

In accordance with legislation, facilities that are required to report adverse events to DPH may submit comments to the department for inclusion in the annual report to the legislature. Submitting comments is optional, not required. DPH encourages comments describing how a facility used data to measure or track adverse events or quality of care and measurably improve care or decrease adverse events. However, any references to “best” awards made by facilities in submitted comments have been removed. Because this report covers four years, 2019-2022, the following comments are labeled by the year in which the facility submitted the comment. Thus, comments made in 2023 generally reflect on 2022 events.

Facilities providing comments:

Day Kimball Hospital
Griffin Hospital
Hebrew Senior Care
Hospital for Special Care
Middlesex Health
Nuvance Health System
Saint Francis Hospital and Medical Center
Stamford Health
UCONN Health
Yale New Haven Health System

Day Kimball Hospital (Submitted in 2020)

Day Kimball Hospital is committed to patient safety and employs a multitude of processes to prevent adverse events. We are transparent in addressing events when they do occur. We take every event seriously and work to identify practices, processes and protocols necessary to prevent similar issues in the future. Most importantly, we work diligently to provide the highest level of patient safety possible.

- Our quality department proactively educates our staff on patient safety topics, consistently reviews processes and policies, and institutes case reviews as needed.
- Day Kimball Hospital immediately addresses each adverse event, conducts root cause analysis and provide feedback to staff.
- Day Kimball Hospital conducts thorough review of Sentinel Event Alert from The Joint Commission in order to identify additional strategies and other opportunities for quality improvement initiatives for injuries that seem to be trending across the country.
- Day Kimball Hospital is certified as a Hip and Knee Joint Replacement Program by The Joint Commission.
- Day Kimball Hospital is certified as a Primary Stroke Center by the Joint Commission.

- We have resumed HRO training effective July 2020 due to COVID 19 pandemic.

COVID 19 PANDEMIC – 2020

- We opened Incident Command in March. We had daily Incident Command Calls through June 30, 2020. Since then we have reduced the number of calls down to once a week.
- We submit data to both Connecticut Hospital Association (CHA) and to CT Department of Health.
- We have distributed several memos addressing Infection Control and Safety issues both internally and externally.
- We have conducted public service announcements on WINY Radio.
- We followed both Center for Disease Control (CDC) and Connecticut Hospital Association (CHA) Recommendations.
- Implemented visitor restrictions.
- Temperature taking of all persons entering the hospital.
- Mandatory masking policy.
- We provided a COVID test collection site at a local intermediate school through July 2nd.
- Effective Monday, July 6th, we opened a COVID test collection site at one of our off-site locations.

Day Kimball Hospital continues to be proactive in integrating best practices learned through our own experiences and comprehensive analyses as well as through collaboration with Connecticut Hospital Association (CHA) and Center for Disease Control (CDC)

Some initiatives Day Kimball Hospital is actively working on in collaboration with CHA include but not limited to:

- 1) High Reliability Training
- 2) Workplace Violence
- 3) Workplace Safety
- 4) Standardize Emergency Codes
- 5) Committee on Patient Safety
- 6) Committee on Patient Care Quality

We have committed to serve as a champion and trainer for Connecticut's "Safety Starts with Me". The safety of patients and employees has always been a priority. "The Safety Starts with Me" initiative is about sharpening our focus to create a culture of safety – adopting and ingraining shared values and beliefs about how we act and interact – so that we can make our organization an even safer place with fewer human errors and fewer events of harm. We currently have 30 employees certified as instructors for High Reliability. We had monthly classes through March of 2020 to capture new hires and existing employees who have not yet attended. We did not have any in April, May and June due to COVID 19. We resumed monthly classes in July 2020. We take very seriously the trust our community places in us and commit to continuously improving patient-centered quality and safety.

Griffin Hospital (Submitted in 2021)

Griffin Hospital, like all Connecticut hospitals, has worked exceptionally hard and creatively to adjust to the realities of Covid-19. Our Planetree patient centered care model which encourages family presence along with our adoption of and our experience with high reliability principles served us well in keeping our patients safe this year.

At Griffin, we are keenly aware that family presence reduces the potential for adverse outcomes in hospitalized patients, including preventable harm, physical and cognitive decline, and communication errors. During a very challenging year that resulted in isolation for many patients, our caregivers remained committed to safely supporting family presence during hospitalization. Griffin Hospital worked as a member of a national coalition of clinical and nonclinical stakeholders to create a Family Presence Toolkit for Nurse Leaders, a project spearheaded by Planetree International, with funding from the American Nurses Foundation. The perseverance displayed by our caregivers has been truly inspirational.

With the facilitation, support and leadership of the Connecticut Hospital Association, the Connecticut Department of Health, and Connecticut's elected officials, Connecticut has been a national leader in a well-coordinated statewide response to the pandemic. We are proud of our performance this year and heartened by the collaborative way Connecticut hospitals partnered to manage statewide hospital capacity, ensure access to personal protective equipment and to share clinical insights to optimize the care of hospitalized COVID-19 infected patients, while also providing accessible and widely available Covid testing, and equitable COVID-19 vaccine administration in communities all across our state.

Griffin Hospital had no preventable serious safety events in 2020 during a year that required exceptional attention to detail. Our caregivers never lost sight of Griffin Hospital's mission to provide exceptional, safe, person-centered care in a healing environment and to provide leadership to improve the health of the community we serve.

Hebrew Senior Care (Submitted in 2023)

In 2022, the CT Behavioral Health Hospital of Hebrew Senior Care recognized an opportunity to enhance our patient safety program by developing a falls reduction program specifically designed for geriatric behavioral health; the only patient population our hospital serves.

An evidence-based fall risk assessment tool was introduced and implemented (even embedded in our electronic medical record). In addition, our team performs rounding every 15 minutes with special attention paid to environmental risk factors for falling. All patients wear slipper socks with double-sided grippers to prevent falls. Patients are also regularly toileted to decrease falls related to "urgency."

The results were that our fall rates per 1000 patient days improved by over 60%. Our goal is to reduce falls even further with a new organizational fall rate per 1000 patient days of 14 or lower. For more than 122 years we have focused on the care of seniors and take great pride in our ongoing efforts to keep our patients safe and to reduce harm.

Hospital for Special Care (Submitted from 2020-2021)

(2020) None of the events reported resulted in permanent patient harm or patient death. Hospital for Special Care serves patients with the most medically complex diagnoses, providing care for extended periods (months or years), during which the patient experiences no adverse events. Our care is patient-centered, balancing quality of life with unique needs of the long-term care population. We review every safety event to prevent or reduce reoccurrence.

(2021) Hospital for Special Care achieved significant reductions in both pressure wounds and patient falls in calendar year 2020 while operating at surge capacity. Hospital for Special Care serves patients with the most medically complex diagnoses, including patients severely impacted by COVID-19, providing care for extended periods (months or years), during which the patient experiences no adverse events. None of the events reported in this resulted in permanent patient harm or patient death. Our care is patient-centered, balancing quality of life with unique needs of the long-term care population. We review every safety event to prevent or reduce reoccurrence.

Middlesex Health (Submissions from 2021-2023)

(2021) The employees, physicians, and leaders of Middlesex Health are dedicated to providing the safest, highest - quality care and the best possible experience to the community we serve. It is our mission and the reason we exist as a health care system.

There is no issue more important to us than the safety of our patients, visitors and staff. The science behind the concept of High Reliability is proven to decrease human and systems errors and eliminate preventable harm. To that end, Middlesex made the decision to become one of the first in a group of Connecticut Hospitals to collaborate through the Connecticut Hospital Association to learn and implement the tools and techniques of High Reliability. Our work began in 2013 with the training of 100% of our employees and medical staff who, once trained, began to implement the mandatory use of a standardized set of tools in their daily work, patient care, and communication with each other. This was the beginning of a transformational change which is now constant and widely accepted as the way we do business: all of us, every day, in every situation, and with every patient. In this transformation to zero harm, we have decreased the number of serious safety events by over 85% in 8 years and have sustained this reduction over time, without variation.

One specific example of the work we have done to improve outcomes is related to the prevention of patient falls. Extensive actions have been taken to improve our identification of those patients at risk for falling and target actions specific to the individual patient so as to mitigate the chance of a fall. These actions include the use of an automated fall risk assessment tool; use of beds with sophisticated sensors and alarms to alert staff that a patient is attempting to get out of bed; engagement of the patient and family in how to assist us in preventing a fall; required visual alerts for those at risk; increased levels of assisting patients with bathroom needs; and performing a causative factor investigation and action plan for every fall. As a result of these actions, we have reduced our overall rate of falls without injury to 0.37 falls per patient day in fiscal year 2020

(October of 2019 through September of 2020). Of note, for the last consecutive 12 months through March of 2021, there have been no falls with serious injury, something we believe to be a quality success story that correlates with excellent processes of care to reduce falls.

We would be remiss if we did not mention the challenges we have collectively endured, patients and healthcare providers, over the past year in responding to the COVID-19 pandemic. The volume and severity of patients admitted during the pandemic year challenged us to respond to this novel virus with a new dimension of care related to isolation and prevention of transmission of the disease. We believe we did this while still maintaining the highest levels of safety and reliability as possible; and that our low rate of preventable harm is proof of success under the most difficult of circumstances.

Our transformation to becoming harm-free is a long term and ongoing process. We continue to collaborate with other hospitals and organizations to learn and implement new ways of improving reliability, care, and outcomes. Again, it is our mission and, as such, will always be the top priority.

Finally, to anyone who has been affected by an adverse event while a patient at Middlesex Health, to their family members and loved ones, we sincerely apologize for any impact of such an event, and assure you that we strive to learn as much as we can from any event in order to do our best to prevent it from happening again

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One specific example of the work we have done to improve and sustain outcomes is related to the prevention of patient falls. The following extensive actions have been sustained and maximized to improve our identification of those patients at risk for falling and target actions specific to the individual patient to prevent the chance of a fall: the use of a validated fall risk assessment tool; leveraging the sophisticated bed sensors and alarms to alert staff of a specific patient attempt to get out of bed; engagement of the patient and family in how to assist us in preventing a fall through visual signage and ongoing education; and performing a causative factor investigation and review for every fall. In addition, a deep dive analysis tool was created with the intent to better understand contributing fall factors for post fall analysis. As a result, these efforts have

reduced our overall rate of falls with serious injury to 0% for CY 2021. We believe this excellent achievement correlates with excellent processes of care to reduce fall adverse events.

We would be remiss if we did not acknowledge the continued challenges we have collectively endured, patients and healthcare providers, over the past year in responding to the COVID-19 pandemic. The volume and severity of patients admitted during the pandemic year continued to challenge us to respond to this novel virus; however, we believe we did this while still maintaining the highest levels of safety and reliability as possible; and that our 0% rate of preventable fall with injury is proof of success under the most difficult of circumstances. Our transformation to becoming harm-free is a long term and ongoing process. We continue to collaborate with other hospitals and organizations to learn and implement new ways of improving reliability, care, and outcomes. Again, it is our mission and, as such, will always be the top priority.

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One specific example of the work we have done to improve and sustain outcomes is related to the prevention of patient falls. The following extensive actions have been sustained and maximized to improve our identification of those patients at risk for falling and target actions specific to the individual patient to prevent the chance of a fall: the use of a validated fall risk assessment tool; leveraging the sophisticated bed sensors and alarms to alert staff of a specific patient attempt to get out of bed; engagement of the patient and family in how to assist us in preventing a fall through visual signage and ongoing education; and performing a causative factor investigation and review for every fall. In addition, a deep dive analysis tool was created with the intent to better understand contributing fall factors for post fall analysis. As a result, these efforts have reduced our overall rate of falls with serious injury to 0.0025% for CY 2022. We believe this excellent achievement correlates with excellent processes of care to reduce fall adverse events.

Our transformation to becoming harm-free is a long term and ongoing process. We continue to collaborate with other hospitals and organizations to learn and implement new ways of improving reliability, care, and outcomes. Again, it is our mission and, as such, will always be the top priority.

Finally, to anyone who has been affected by an adverse event while a patient at Middlesex Health, to their family members and loved ones, we sincerely apologize for any impact of such an event and assure you that we strive to learn as much as we can from any event in order to do our best to prevent it from happening again.

Nuvance Health System (Submitted from 2020-2023)

(2020) In April 2019, the HealthQuest and Western Connecticut Healthcare Networks came together forming Nuvance Health System. With the merger came a commitment to extraordinary care for the extended population and myriad of diverse healthcare needs. The once split communities now have access to service lines and expertise within the same system. Shared best practices and processes enable improved, meaningful outcomes and genuine caring for our patients, families, significant others and staff.

Danbury, New Milford, Norwalk and Sharon are the Connecticut based Nuvance hospitals. While each hospital has local leadership to ensure a keen eye on local community needs, collaboration at all levels occurs to ensure delivery of the highest quality of care, with a focus on improvement, innovation and education. Together, we approach our work with the highest standards of transparency, honesty and ethical behavior.

As Nuvance, Danbury, New Milford, Norwalk and Sharon Hospitals remain engaged and committed to Connecticut Hospital Association's statewide high reliability collaborative to reduce preventable harm and hospital acquired conditions. Ongoing evaluation and improvement with continuous measuring, analyzing and evaluating effectiveness has resulted in improved quality and patient safety. We continue to review every occurrence and share lessons learned throughout the system. Together we can hardwire interventions and reduce preventable harm to zero.

(2021) At Nuvance Health, quality and patient safety is always a priority. The system and each hospital have a robust Quality and Patient Safety Plan that delineates the organizational quality and safety priorities. Danbury, New Milford, Norwalk and Sharon are the Connecticut based Nuvance hospitals. While each hospital has local leadership to ensure a keen eye on local community needs, collaboration at all levels occurs to ensure delivery of the highest quality of care, with a focus on improvement, innovation and education. Together, we approach our work with the highest standards of transparency, honesty and ethical behavior.

As Nuvance, Danbury, New Milford, Norwalk and Sharon Hospitals remain engaged and committed to Connecticut Hospital Association's statewide high reliability and quality improvement collaborative to reduce preventable harm and hospital acquired conditions. Ongoing evaluation and improvement with continuous measuring, analyzing and evaluating effectiveness has resulted in improved quality and patient safety. We continue to review every occurrence and share lessons learned throughout the system. Together we can hardwire interventions and reduce preventable harm to zero.

(2022) As part of Nuvance Health System, Danbury, New Milford, Norwalk and Sharon Hospitals strive to improve the health of every person served through the efficient delivery of excellent, innovative and compassionate care. While each hospital has local leadership to ensure a keen eye on local community needs, collaboration at all levels occurs to ensure delivery of the highest quality of care. Through Just Culture, our focus is on improvement, innovation and education.

All hospitals remain engaged and committed to a robust Quality and Patient Safety Plan with an emphasis on diverse community needs, improvement, transparency, honesty and ethical behavior. *We better serve our patients by overcoming barriers, pivoting with efficiency and staying open-minded.*

Nuvance hospitals are actively engaged in local and statewide initiatives to deliver safe care to our communities. Danbury, New Milford, Norwalk and Sharon Hospitals are members of the Connecticut Hospital Association's Patient Safety Organization and actively participate in the statewide high reliability collaborative to reduce patient harm across the state. We continue to recognize and review every adverse event for lessons learned to hardwire interventions to permanently reduce harm to zero.

We are proud of our efforts to outperform established national standards to meet the needs of our community. We believe in our community and take very seriously the trust it places in our healthcare System.

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Some of the patient safety initiatives we have implemented to improve the quality and safety of patients include the following:

Safety Event Review Team (SERT): Standardized approach to review and categorize safety events utilizing the HPI/Press Ganey safety event review process. This allows us to identify pre-cursor safety events and serious safety events in a timely and standardized manner. The process enables us to monitor for trends in event types, frequency, and severity of events as well as our individual entity and systemwide serious safety event rate (SSER).

CHAMP for SAFETY Safety Coaches: Unit based safety coaches are front line staff who are trained in the principles of high reliability and the safety habits and behaviors that should be utilized to keep our patients safe. They act as peer influencers in their departments and units to encourage safe behavior and as champions for our patient safety initiatives.

SBARs for System Wide Learning: SBARs are generated and disseminated across the system following events of harm or potentially catastrophic events where systemwide implications are identified. This heightens awareness, increases transparency and aids in immediate enterprise-wide safety plan for our patients.

Just Culture: All people managers are required to attend an interactive 4 hour Just Culture workshop where they are trained in the principles of Just Culture and application of the Just Culture algorithm utilizing real life scenarios.

BRAVO, Safety Stars: Great catch program where employees are recognized and celebrated for practicing high reliability safety behaviors in high-risk situations that allow us to make great catches and keep our patients safe.

PACT (Provider Associate Care Team): Peer to peer support program that supports our front line when they are impacted by trauma related to medical error, workplace violence, unanticipated outcomes, burnout, and moral distress.

We are proud of our efforts to outperform established national standards to meet the needs of our community. We believe in our community and take very seriously the trust it places in our healthcare System.

Saint Francis Hospital and Medical Center (Submitted from 2021-2022)

(2021) Saint Francis Hospital and Medical Center continues its commitment to deliver the highest quality of care to the patients and community that we serve, always with a focus on our core values of reverence, commitment to those who are poor, justice, stewardship, and integrity.

The past year and a half have been challenging in many ways due to the COVID-19 pandemic. Despite the many challenges Saint Francis Hospital and its staff remained committed to providing the highest quality of care.

Early in the pandemic Saint Francis Hospital opened a drive through COVID-19 testing site. Once vaccines became available the hospital initiated an on-site vaccine clinic and since that time has reached out even further into the community to bring vaccines to those we serve. Mobile clinics and off-site vaccine centers were established. As eligibility for the COVID-19 vaccine opened up across the state, Saint Francis Hospital in conjunction with Trinity Health of New England, instituted a one-of-a-kind 24-hour Vax-A-Thon event. The 24-hour Vax-A-Thon clinic aimed to serve greater Hartford residents living within zip codes that have been hardest hit by COVID-19 and make up a large portion of the vulnerable populations, with limited access to the vaccine.

Moving forward, Saint Francis Hospital remains committed to providing quality care to our patients and the community that we serve.

(2022) Saint Francis Hospital and Medical Center continues its commitment to deliver the highest quality of care to the patients and community that we serve, always with a focus on our core values of reverence, commitment to those who are poor, justice, stewardship, and integrity.

In keeping with our commitment to our mission, Saint Francis Hospital, a member of Trinity Health of New England, has been awarded a grant from Connecticut Breast Health Initiative to support its efforts to reduce late-stage breast cancer diagnoses and improve survival rates among underserved women in our community. This grant allows us to engage more underserved women in potentially life-saving screenings and preventive services, which are essential to closing gaps in health outcomes and advancing health equity.

Despite the continuing challenges of the ongoing COVID-19 pandemic, Saint Francis Hospital and its staff remained committed to providing the highest quality of care to the community that we serve. Saint Francis Hospital is verified as a Level 1 Trauma Center by the American College of Surgeons. Saint Francis Hospital is accredited by The Joint Commission, and in addition, holds Disease Specific Care Certifications in Advanced Total Hip and Knee, Advanced Primary Stroke, Advanced Inpatient Diabetes and Advanced Heart Failure, from the Joint Commission.

Saint Francis Hospital remains committed to providing quality care to our patients and the community that we serve.

Stamford Health (Submitted from 2020-2023)

(2020) Stamford Hospital is committed to patient safety and to providing the highest quality of patient care. We maintain a comprehensive pressure injury prevention program, which includes a specialized team of certified wound specialists, comprehensive nursing skin assessments, annual educational programs for clinical staff, and the deployment of specialized devices to support pressure injury prevention. The hospital acquired pressure injuries presented in this report do not comprehensively represent Stamford Hospital's overall pressure injury outcomes. As an organization, we track all hospital acquired pressure injuries and submit these outcomes to the National Database of Nursing Quality Indicators (NDNQI). This database allows our hospital to benchmark our quality outcomes against similar hospitals nationally. Stamford Hospital's outcomes for hospital acquired pressure injuries have routinely exceeded other hospitals, with 80% of our units outperforming the national averages.

(2021) Stamford Hospital is committed to patient safety and to providing the highest quality of patient care. We maintain comprehensive pressure injury and fall prevention programs. Our pressure injury prevention program includes a specialized team of certified wound specialists, comprehensive nursing skin assessments, ongoing educational programs for clinical staff, and the deployment of specialized devices to support pressure injury prevention. Similarly, our fall prevention program includes an interdisciplinary falls task force focused

on evaluating our fall assessment tool and prevention interventions. We provide remote and in-person safety monitoring for at risk patients. We also have a comprehensive delirium management program in collaboration with gerontologists to keep our most vulnerable older adult population safe.

As an organization, we track all hospital acquired pressure injuries and patients falls and submit these outcomes to the National Database of Nursing Quality Indicators (NDNQI). This database allows our hospital to benchmark our quality outcomes against similar hospitals nationally. Stamford Hospital's outcomes for hospital acquired pressure injuries and falls with injury have routinely exceeded other hospitals. According to NDNQI, 70% of our inpatient units exceed the national benchmark for hospital acquired pressure injuries. 92% of our inpatient units and 100% of our ambulatory departments exceed the national benchmark for falls with injury.

The COVID-19 global pandemic placed an extraordinary burden on hospitals and the healthcare teams. We are proud to have maintained our focus on patient safety during this unprecedented time.

(2022) Stamford Health is committed to patient safety and to providing the highest quality of patient care. Our patient safety programs include comprehensive programs in pressure injury and fall prevention, and in surgical and perioperative care.

Our pressure injury prevention program includes a specialized team of certified wound specialists, comprehensive nursing skin assessments, ongoing educational programs for clinical staff, and the deployment of specialized devices to support pressure injury prevention. Similarly, our fall prevention program includes an interdisciplinary fall prevention task force focused on evaluating our fall prevention interventions, risk assessment tools, and outcomes. We provide remote and in-person safety monitoring for at risk patients. We also have a comprehensive delirium management program in collaboration with gerontologists to keep our most vulnerable older adult population safe.

As an organization, we benchmark hospital acquired pressure injuries and patients falls through the National Database of Nursing Quality Indicators (NDNQI®). Stamford Hospital's outcomes for hospital acquired pressure injuries and falls with injury have been more favorable than other hospitals. According to NDNQI, 70% of our inpatient units exceed the national benchmark for hospital acquired pressure injuries. All of our inpatient units and ambulatory departments exceed the national benchmark for falls with injury over the past two years.

Our perioperative safety program includes dedicated policies, protocols, and checklists to promote safe surgical practice. Stamford Health participates and benchmarks favorably in national surgical databases focused on quality and safety, including the American College of Surgeons National Surgical Quality Improvement Program and Society of Thoracic Surgeons databases, among others.

The COVID-19 global pandemic placed an extraordinary burden on hospitals and the health care teams. We are proud to have maintained our focus on patient safety during this unprecedented time.

(2023) Stamford Hospital is committed to providing the highest quality patient care. We maintain comprehensive pressure injury and fall prevention programs. Our pressure injury prevention program includes

a specialized team of certified wound specialists, comprehensive skin assessment, ongoing educational programs for clinical staff, and utilization of specialized devices to support pressure injury prevention. Similarly, our fall prevention program includes an interdisciplinary falls task force focused on detailed fall assessments and diverse preventive interventions. We provide remote and in-person safety monitoring for at-risk patients. We also have a comprehensive delirium management program in collaboration with gerontologists, to keep our most vulnerable elderly population safe.

As an organization, we track hospital acquired pressure injuries and patient falls and submit data to the National Database of Nursing Quality Indicators (NDNQI). This database allows our hospital to benchmark our quality outcomes against similar hospitals nationally. Stamford Hospital's outcomes for hospital acquired pressure injuries and falls are favorable. According to the most recent comparative NDNQI report, 78% of our inpatient units perform more favorably than national benchmarks for hospital acquired pressure injuries. 92% of our inpatient units and 100% of our ambulatory departments perform more favorably than national benchmarks for falls with injury.

UCONN Health (Submitted in 2022)

UConn Health is committed to providing the highest level of quality care to our patients, the citizens of the state of Connecticut, and the communities we serve. We take tremendous pride in focusing on the safety of patients, visitors and staff.

In addition to the High Reliability tools and education that is provided to all of our staff, we have implemented a number of interventions that have shown measurable improvements in our patient safety and quality of care at UConn Health. Our prevention of Hospital Acquired Unstageable, Stage 3 and 4 pressure ulcers is one example of a highly successful improvement story we would like to share.

At UConn Health, we have wound and ostomy nurses who work with staff nurses to prevent hospital acquired pressure injuries and to help 'present on admission' pressure injuries heal. The staff nurses are empowered to place wound RN consults per protocol for patients with known or suspected pressure injuries as well as patients that are at high risk for developing pressure injuries. We have an engaged Skin Champion Committee which consists of a multidisciplinary team including nurses, educators, dietitians, physical therapists, and occupational therapists. The staff nurses on the Skin Champion Committee attend quarterly meetings, some have attended a wound care certification class, participate in quarterly NDNQI skin prevalence rounds, serve as resources to the staff on their units, and participate in unit-based education focused on wound care and pressure injury prevention. The staff nurses utilize nursing pressure injury prevention interventions on a daily basis for patients who are at risk for pressure injuries. The wound/ostomy RNs conduct bedside education with both patients and staff on pressure injury prevention and wound management. In addition to seeing patients with formal wound RN consults, the wound/ostomy RNs also review a daily report of every documented wound (ranging from scratches and incisions to stage 4 and unstageable pressure injuries) on every patient in the hospital in order to catch any patient with a documented wound that would benefit from a wound RN consult. At UConn we remain transparent with reporting all hospital acquired pressure injuries, regardless of stage, internally on a weekly basis at the morning safety huddle. We report the unit in which the

pressure injury occurred, the stage of the pressure injury, any gaps in care, and any contributing factors. This transparency allows us all to work together and be accountable for the hospital acquired pressure injuries. The unit managers round with the nurses and discuss the wound/ostomy RNs' recommendations during daily safety huddles. During the pandemic, the wound/ostomy RNs noted a trend of hospital acquired pressure injuries to the tops of ears from nasal cannula tubing. The wound/ostomy RNs researched nasal cannula tubing options, and, with the help of the Respiratory Therapy Department and the Products Committee, the wound RNs replaced the more rigid oxygen tubing with soft silicone nasal cannula tubing which has significantly decreased our incidence of medical device related hospital acquired pressure injuries. Finally, the wound/ostomy nurses, in collaboration with the education department, educate all newly hired nurses on pressure injury prevention interventions, wound care and dressing supplies at UConn, wound documentation, pressure injury reporting, and ostomy care. Preventing hospital acquired pressure injuries is a top priority at UConn that the staff take seriously and work together to provide excellent care.

**Yale New Haven Hospital, Bridgeport Hospital, Greenwich Hospital,
and Lawrence & Memorial Hospital (Submitted in 2020)**

Yale New Haven Health, which consists of Yale New Haven Hospital, Bridgeport Hospital, Greenwich Hospital, and Lawrence & Memorial Hospital, fully supports the transparency this report represents. We continually strive to deliver the highest quality patient care; the safety of our patients is our number one priority. To that end, we continue on our high reliability journey by sharing adverse events and patient safety issues throughout our health system to improve the care of all of our patients. We take the responsibility to report events to the Department of Public Health seriously, and we use each event as an opportunity to improve the safety of the care we provide to our patients. We educate our employees regarding these events, which has led to the identification of additional events and opportunities for improvement throughout our health system as we continue toward our goal of zero events of harm. We believe that our culture of safety, which encourages and standardizes the reporting, analysis, and implementation of requisite improvements in response to all unexpected or adverse events, has created a safer and more transparent healthcare environment.

Appendix K: Additional Analyses

Analyses of Selected Events Reported in 2019

Twenty-three reports of “retained objects after surgery” in 2019 included sponge and packing (9), guide wire (5), needle (2), catheter fragment (2) and single mentions of different items (5). Of the retained sponge reports, the count was verified as correct five times and once as incorrect prior to discovery of the object. Two reports did not mention the count, and one recorded a missed count.

Twenty-three reports under NQF 1A-1C (wrong site, patient or procedure) were analyzed together. Wrong side was involved with ten reports: injection (4), incision (2), aspiration, lithotripsy, eye laser treatment, and error on consent form. Wrong spinal vertebral level was reported four times: injection, laminectomy (2), and fusion. Missed location in catheter placement was reported three times and missed site in excision twice. Single reports concerned wrong size lens implanted, wrong size nail used, wrong digit surgery, and patient specimens mixed together. One wrong patient (shared last name) was consented for a surgery, but the error was immediately corrected.

Patient suicide, attempted suicide, or self-harm with serious injury (NQF 3C) comprised seven reports in 2019, of which 6 were partially characterized in last year’s October 2019 adverse event report in events through August 2019. Of the seven in all of 2019, depression was noted in 4, bipolar disorder in one, and borderline personality in two. One was a completed suicide.

The eight reports during 2019 of wrong, toxic, or no gas delivered to patient (NQF 5B) contrast with no such reports in the previous five years. All patients were older than 55. Transport between medical units was noted in seven. In six of the 8 the oxygen cylinder was depleted, and 2 of these 6 patients were unstable but without distress. In two of the 8, medical air was delivered instead of oxygen, and both patients displayed respiratory distress. No lasting injuries were reported in any of the eight events.

Due to small numbers, NQF 2C reports from May 2017 through December 2019 were analyzed together. Of five reports, four involved the heart and three of these described air embolisms during catheterization, while one other involved misconnected tubing. The non-cardiac event was spontaneous vein rupture during a liver transplant.

Analyses of Selected Events Reported in 2020

Twelve reports of “retained objects after surgery” in 2020 were a decrease from 23 the previous year. Retained objects included packing (3), catheter fragment (3) and single mentions of different items (6).

Twenty-two reports under NQF 1A-1C (wrong site, patient or procedure) were analyzed together. Wrong side was involved with nine procedures, including four injections. Wrong spinal vertebral level was reported three times. The wrong size implant was used three times. Neglect to perform a second procedure or biopsy when multiple were scheduled was mentioned twice. Single reports mentioned chest tube, feeding tube, and

arterial line misplacements, cross-contamination of specimen, and patient given correct procedure under the impression they were the next scheduled patient.

Patient suicide, attempted suicide, or self-harm with serious injury (NQF 3C) comprised 14 reports in 2020 equally distributed by sex, and twice the number in 2019. Ten occurred in a psychiatric department, and there were two deaths. Six reports involved swallowing objects, the most common being a pen (4). Reports of self-harm from Whiting forensic hospital (a maximum-security psychiatric hospital which includes patients who have been acquitted of crimes by reason of insanity) increased from 2 in 2019 to 8 in 2020. Following evidence of patient abuses at Whiting in 2017, the legislature created a Task Force. Disability Rights Connecticut released a report in November 2019 critical of Whiting, and the Task Force conducted hearings in 2020.

Reports of assault (NQF 7D) increased slightly. Four assaults were patient to staff, three were patient to patient, and were perpetrated by 5 males and 2 females. The places of occurrence were psychiatric (4), neurobehavioral, autism, and step-down units.

Ten reports of medication error (NQF 4A) in 2020 included no more than 2 reports from any facility, 2 reports from several units (psychiatric, ED, NICU, Adult Medical), 2 reports each of wrong dose and wrong patient, two related to insulin, and single reports of other drugs or circumstances of error.

The eight reports during 2020 of wrong, toxic, or no gas delivered to patient (NQF 5B) follow 8 reports in 2019, in contrast with none in the years 2014-2018. In six of the 8 reports the oxygen cylinder was depleted. In two of the 8, medical air was delivered instead of oxygen.

Analyses of Selected Events Reported in 2021

Following the peak in ulcers reported in 2013 (277), when unstageable ulcers became reportable, there was a decline through 2016 (186) and increase from 2016-2021.⁹ The pattern of decrease followed by increase occurred concurrently in ulcers reported to the Centers for Medicare and Medicaid Services (CMS), in response to their payment policy. Patient safety indicators (PSIs) are used to measure hospital acquired conditions (HACs). After 2008 CMS no longer paid for several HACs, and rates of these conditions, including pressure ulcers, decreased. In 2015 CMS began penalizing health systems in the worst quartile of a composite named PSI-90. Within PSI-90 the weights of 10 individual PSIs differ. Pressure ulcers are weighted less than some other conditions which are more easily addressed. Researchers hypothesized that improvement in “low-hanging fruit” could come at the expense of other conditions. Rates of PSI-90 have decreased since 2015. The only HAC within PSI-90 to increase significantly was pressure ulcers.¹⁰ The National Pressure Injury Advisory Panel (Boston, MA), Wound Ostomy Continence Nursing Society (Mt Laurel, NJ), and Association for Advanced

⁹ See the October 2014, 2015, and 2019 Adverse Event reports for additional analysis of pressure ulcers and the June 2013 Quality in Health Care Program report for subcommittee activity around pressure ulcers.

¹⁰ William V. Padula, Joyce M. Black, Patricia M. Davidson, So Yeong Kang, and Peter J. Pronovost, “Adverse Effects of the Medicare PSI-90 Hospital Penalty System on Revenue-Neutral Hospital-Acquired Conditions,” *Journal of Patient Safety* 16(2) 2020, E97-E102.

Wound Care (McLean, VA) collectively propose 3 alternative reimbursement models to be considered by the CMS to improve pressure injury prevention and patient outcomes.¹¹

Reports of falls with serious injury or death rose from 84 in 2020 to 102 in 2021, the highest level since 2018.¹²

Twenty-two reports of “retained objects after surgery” (NQF 1D) in 2021 were an increase from 12 the previous year, but similar to levels from 2013-2019 where the average was 22.3 reports annually. Retained objects included packing (4), guidewire (4), catheter fragment (2), not stated (3) and single mentions of different items (9): forceps fragment, surgical tack, clear plastic cap, pin, loop electrode fragment, serial dilator sheath, urethral stent, latex glove fragment, and cutting guide.

Thirty-two reports under NQF 1A-1C (wrong site, patient or procedure) were analyzed together. Wrong side was involved with 12 procedures, including 7 anesthesia injections. Wrong vertebral level was reported for three surgeries. In seven eye procedures the wrong lens was implanted. Eight single reports included switching recession and resection procedures, implanting a sizer, left-design implant on the right, cemented rather than uncemented component, surgery to benign rather than malignant lesion where both were marked, removing a diseased organ but not the lateral healthy organ when patient desired both be removed, incision on wrong finger, and injecting the wrong joint. Two patients were misidentified. One was given a lumbar puncture intended for a different person. The other was wrongly “consented” but the error was caught, and the procedure cancelled.

Reports of sexual assault (NQF 7C) increased from four to twelve, but no facility reported more than two. Five events were reported by psychiatric units, five by the emergency department, and two elsewhere. Nine patient ‘victims’ were female and two, male; however, some contacts were consensual. One victim was a female on medical staff. Of alleged perpetrators, nine were patients, two were medical staff, and one unspecified.

Nine reports of a patient who is unable to make decisions being discharged to other than an authorized person (NQF 3A) included 8 where a conservator or group home was not notified prior to discharge. In the other instance the patient was transferred to skilled nursing facility A after the conservator had changed their mind from facility A to facility B.

Patient suicide, attempted suicide, or self-harm with serious injury (NQF 3C) comprised 9 reports in 2021, a decrease from 2020. All had psychiatric background and 7 occurred in a psychiatric department. There were no deaths. Seven reports involved swallowing objects, the most common being a writing tool (5). Other reports involved intentional overdose and intentional fall from a height.

¹¹ William Padula, Christine Berke, and Ruth Bryant for the NPIAP-WOCN-AAWC Joint Policy Task Force, “A Collaborative Call for Changes in Reimbursement Policies to Achieve Improvements in Hospital Safety Related to Pressure Injuries,” *Journal of Patient Safety* 17(4) 2021, E268 [letter].

¹² For more information about the characteristics of reported falls, see the June 2005 DPH Quality in Health Care report to the legislature.

Ten reports of medication error (NQF 4A) included no more than 2 reports from any facility or unit. Twice a prescribed drug was not administered (antibiotic, potassium) and once the patient's insulin pump was empty. Twice a prescribed drug was administered by the wrong route (Pentamidine, epinephrine). One drug was overdosed when the route was changed due to unavailability of the desired formula. Once insulin was mislabeled. Separate events were associated with anticoagulation and fentanyl, and another with Midazolam in an extremely low birth weight infant.

The ten reports during 2021 of wrong, toxic, or no gas delivered to patient (NQF 5B) follow 8 reports in each of 2019 and 2020, in contrast with none in the years 2014-2018. A different facility submitted the majority of 2021 reports compared with the previous year.¹³ Oxygen tanks were involved in all reports. The tanks were found to be or became empty (7), the valve was closed, flow was low, or the patient was transported without their tank.

Five reports of physical assault (NQF 7D) involved a majority of males but at least one female among perpetrators and victims. Four assaults were patient to patient and one a patient assault on staff. Locations were psychiatric (4) and ED (1).

Analyses of Selected Events Reported in 2022

After declining from 2013-2016, reports of pressure ulcers increased each year from 2016-2022.

Sixteen of the 18 NQF 3C self-harm events reported in 2022 occurred in psychiatric units. Twelve involved swallowed objects (often a pen), 2 strangulations, 2 picking at wounds, 1 overdose, and 1 poking self in the eye.

All 19 NQF 5B gas delivery events in 2022 involved oxygen. In 17 reports the portable oxygen tank was depleted, mainly during or after transfer. Other single reports were of flow rate needing increase and setting on suction rather than giving oxygen.

The 20 retained object after surgery reports (NQF 1D events) in 2022 involved sponge (5), pin (3), needle (2), wire (2), and nine individual items: atomization device, intrauterine manipulator, fetal scalp electrode, gel packet, plastic piece, staple, towel, catheter, and pledget (nose sponge), with two items left in one patient. Eleven reports were in males, 9 in females, 13 inpatient, 7 outpatient, 15 operating room. A variety of patient ages were reported: 15-44 (7), 45-64 (7), 65 and older (6).

¹³In 2021 Yale New Haven switched to digital regulators that alarm when oxygen levels are low or empty.